DOCUMENT RESUME

ED 379 566 CG 026 044

TITLE	Field Hearing on the Drug-Free Schools and Communities Act. Hearing before the Subcommittee on Select Education and Civil Rights of the Committee on Education and Labor. House of Representatives, One Hundred Third Congress, First Session (Chadron, NE, June 19, 1993).
INSTITUTION	Congress of the U.S., Washington, DC. House Subcommittee on Select Education and Civil Rights.
REPORT NO	ISBN-0-16-044278-8
PUB DATE	94
NOTE	96p.; Serial No. 103-470.
AVAILABLE FROM	U.S. Government Printing Office, Superintendent of Documents, Congressional Sales Office, Washington, DC 20402.
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Drinking; Drug Abuse; *Drug Legislation; Drug Use; Elementary Secondary Education; *Federal Legislation; Hearings; *Laws; Legal Responsibility; *Rural Areas; Rural Environment; Rural Population; Rural Schools; *Substance Abuse
IDENTIFIERS	Committee on Education and Human Resources; *Drug Free Schools and Communities Act 1986; Nebraska; South Dakota; Wyoming

ABSTRACT

This legislative hearing focuses on Nebraska, Wyoming, Colorado, and South Dakota's drug-prevention efforts. The emphasis here is on the efforts of rural states, rural communities, rural schools, and families to combat drug and alcohol abuse. Drug-free school programs are particularly emphasized. Also discussed are the issues various drug-prevention programs face, such as funding needs, the allocation of resources, the special problems faced by Native Americans, and other concerns. In addition to personal testimonies, which are recorded here verbatim, are a number of prepared statements by educators, project administrators, and students. (RJM)

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FIELD HEARING ON THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT

ED 379 566

HEARING

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION
AND CIVIL RIGHTS

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

HEARING HELD IN CHADRON, NE, JUNE 19, 1993

Serial No. 103–47

Printed for the use of the Committee on Education and Labor

CG026044

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78-171 CC WASHINGTON : 1994

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Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-044278-8

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FIELD HEARING ON THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT

SATURDAY, JUNE 19, 1993

HOUSE OF REPRESENTATIVES,
COMMITTEE ON EDUCATION AND LABOR,
SUBCOMMITTEE ON SELECT EDUCATION
AND CIVIL RIGHTS,
Chadron, NE.

The subcommittee met, pursuant to notice, at 9:00 a.m., Scottsbluff Room, Study Center, 10th and 12th Streets, Chadron, Nebraska, Hon. Major R. Owens, Chairman, presiding.

Members present: Representatives Owens and Barrett.

Staff present: Sylvia Hacaj and Lynn Selmser.

Chairman OWENS. The hearing of Subcommittee on Select Education and Civil Rights is now in session. I yield to Mr. Barrett for an opening statement.

Mr. BARRETT. Thank you, Mr. Chairman. I want to especially thank you and your excellent staff for coming out to the Cornhusker State to be with us in Chadron Eagle territory for this hearing. We often like to think that the State of Nebraska offers a bit of good life and I hope that during your brief stay in our State that you will be able to enjoy and perhaps take back with you some of that good life.

It may interest some of those of you in the audience to know that Chairman Owens comes from the most densely populated district—congressional district in the Nation. He has about 57,000 people per square mile and about 10 square miles in his congressional district. By contrast in our congressional district, my third and your third, I have four times more cows than I have people. That gives you some idea of the differences perhaps.

Chairman Owens tells me that at the height of rush hour he can get across his district in about 30 minutes and I have to share with him, it takes me all day to get across my district. But that's what makes the Congress the melting pot that it is.

And, it's the reason I've asked the subcommittee to come out to Chadron—and again I thank the Chairman for allowing the subcommittee to come to this part of the State. The subcommittee is considering the reauthorization of Drug-Free Schools Act because there has been a lot of attention to the scourge of alcohol and drugs across the country and the drug abuse among our youth in the cities, but not enough perhaps on what's going on in rural America. And I think we tend—"we" back in Washington tend to focus too much on urban America as opposed to what's happening in rural America.

For example, in the Chairman's own State of New York, I was quite shocked to learn that a recent study found the rate of drug use of youth was higher in rural New York State than it was in urban New York City. Twenty-four percent of the students in rural New York reported having used marijuana at least once compared with 19 percent in New York City. As well, 4 percent of the students in rural New York said they had tried crack cocaine compared with 2 percent in the city.

Nothing may really drive the matter home more than the fact that according to the FBI the crime rate in rural areas has increased by more than 500 percent in the last 25 years, and I think much of that is drug related. It has to be. Beginning in 1987 the Federal Government has made a concerted effort to combat drugs in our schools and while we've made some gains in alerting our kids and parents to the dangers of drug use, I know that much more can be done to rid our schools and our communities of the epidemic that is about us.

Today, at least, we're going to be looking at what rural States, rural communities, rural schools, and families are doing to combat the ravages of drug and alcohol abuse and I think from looking at the witness list I think we have an outstanding group of witnesses to share with the subcommittee today.

Despite some of the good things we're hearing about, I must confess to the Chairman and to the witnesses and those in the room today that I hear an awful lot of complaints about the bureaucracy, about the paperwork, and about the red tape involved under the present Act. Another aspect of the rural drug and alcohol prevention programs are the variety of programs that have been undertaken to address the problem. In total the third congressional district—this congressional district—schools in Nebraska receive $800,030 out of the $2 million awarded to the State under the present Act. There's about $600 million in Federal funds going to drug-free schools.

Grants to schools varied from $8 in the Gordon Creek Public School in Cherry County to $44,000 given to Grand Island schools. Just what a school district can do for $8 I would be interested in hearing about. Maybe some of you have the answer to that one.

One of the areas that some rural advocates of drug and alcohol prevention tell me the Act needs to focus on is alcohol abuse. And I was pleased to hear some of you at the breakfast earlier say, let's look at alcohol prevention specifically.

Regrettably, there may not be a rural youth that will graduate from high school that won't know of someone in their school who will have died or have been seriously injured because of either being drunk or being high or being a victim of someone who was. I don't care if the school has 60 people or 600 people or 6,000 people. I've seen it happen in many schools in this district and the effect is just devastating to all involved. It isn't difficult to see the figures available, the drug-related violence and crime are also on the rise.

This is poignantly reflected, I think, in the fact that juvenile felony arrests increased 120 percent since 1982. Youth misdemeanor arrests increased 217 percent from 1982 to 1991 right here in this State.

I hope that the people can understand that rural America, and rural Nebraska for that matter, are no longer isolated from the ravages of drugs. Regrettably there are those in rural areas that are isolated from treatment facilities, as has already been pointed out earlier today at the breakfast; or if they can find one, often become isolated from the families, perhaps the greatest source of recovery.

Mr. Chairman, I think the witnesses today are going to provide some excellent information to us. Something that we can take back to Washington.

I know that you have a keen interest in youth. I know that we're both fervently interested in helping create a future where our youth can obtain quality education, job opportunities, homes, higher standards of living without having to contend with drugs and alcohol.

I sincerely hope to be able to work with you in a bipartisan manner as we reauthorize the Act. And so I look forward, again, to hearing this testimony and I appreciate, again, your presence in rural Nebraska. Thank you.

Chairman OWENS. Thank you very much, Mr. Barrett. I want to thank you for inviting the subcommittee to hold this hearing in your district and for persevering. We've changed the date a few times and here we are holding the hearing on the day before Father's Day. For that reason, I'm going to have to get back to New York City to have dinner with one of my kids tomorrow. Unfortunately, I won't be able to stay very long and enjoy the health benefits of your free air out here. Your point of view is very much needed and very much welcomed by this subcommittee.

All of the members of Congress need to hear that this is a program which is not just urban America. This is a program which is not just for the big cities. They need to know. And with that knowledge I think we can make a number of adjustments. We will be able to have the freedom and support of the Congress which would allow us to make a number of adjustments to make the program more realistic for rural areas and areas all across America.

In 1986, a year when the problem of drug abuse was receiving national media attention, the subcommittee passed the Drug-Free Schools and Communities Act. Although the media seems to have found other things to focus on presently, we remain vigilant in our efforts to protect our Nation's young people—our Nation's future—from the devastation of drugs. The drug abuse problems of rural America are comparable to those of urban and suburban areas.

According to a survey conducted by the National Institute of Drug Abuse, the pattern of drug usage by both urban and rural students is similar. So it is no comfort to know that although Mr. Barrett and I come from two of the most dissimilar areas of the country, we face common problems.

The Drug-Free Schools and Communities Act encourages a multifaceted approach to tackling the problem of drug abuse by young people. In the past 7 years States have developed programs centering on drug abuse prevention for students of all ages. Today we will hear about the efforts being made by Nebraska, South Dakota, and Wyoming. We are very much interested in exploring the particular issues these programs must confront because they are pre-

dominantly rural in nature. We will also examine the special problems faced by native Americans.

We welcome your recommendations for solving these unique problems as we move to reauthorize the Drug-Free Schools and Communities Act of 1986. Accordingly, we will hear testimony from individuals involved in several different aspects of formulating and delivering programs to schools and the region including training, curriculum development, and community outreach. We look forward to hearing all of the witnesses.

[The prepared statement of Hon. Major R. Owens follows:]

STATEMENT OF HON. MAJOR R. OWENS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

I want to thank Mr. Barrett for inviting the subcommittee to hold this hearing in his district.

In 1986, a year when the problem of drug abuse was receiving national media attention, the subcommittee passed the Drug-Free Schools and Communities Act. Although the media seems to have found other things to focus on, we remain vigilant in our efforts to protect our Nation's young people—our Nation's future—from the devastation of drugs.

The drug abuse problems of rural America are comparable to those of urban and suburban areas. According to a survey conducted by the National Institute of Drug Abuse, the pattern of drug usage by both urban and rural students is similar. So, it is no comfort to know that although Mr. Barrett and I come from two of the most dissimilar areas of the country, we face common problems.

The Drug-Free Schools and Communities Act encourages a multi-faceted approach to tackling the problem of drug abuse by young people. In the past 7 years, States have developed programs centering on drug abuse prevention for students of all ages. Today, we will hear about the efforts being made by Nebraska, South Dakota, and Wyoming. We are interested in exploring the particular issues these programs must confront because they are predominantly rural in nature. We will also examine the special problems faced by native Americans. We welcome your recommendations for solving these unique problems as we move to reauthorize the Drug-Free Schools and Communities Act of 1986. Accordingly, we will hear testimony from individuals involved in several different aspects of formulating and delivering programs to schools in the region, including training, curriculum development, and community outreach.

Chairman OWENS. Our first panel consists of Ms. Karen Stevens, Program Coordinator, Nebraska Department of Education; Ms. Josephine Hartman, Director of Staff and Curriculum Development, Drug-Free Schools, Meade School District, Sturgis, South Dakota; Ms. Karen Hayhurst, Coordinator, Drug-Free Schools and Communities Program, Campbell County School District, Gillette, Wyoming; and Mr. Sonny Broesder, Guidance Counselor and Coordinator, Drug-Free Schools and Communities Program, Big Horn County School District, Lovell, Wyoming.

Welcome. We have copies of your written statement. Without objection the written statement will be entered in its entirety in the record. Please feel free to highlight any parts of that statement. During the question and answer period you will have the opportunity to elaborate on additional points if necessary.

We will begin with Ms. Stevens.

STATEMENTS OF MS. KAREN STEVENS, PROGRAM COORDINATOR, NEBRASKA DEPARTMENT OF EDUCATION, LINCOLN, NEBRASKA; MS. JOSEPHINE HARTMAN, DIRECTOR OF STAFF AND CURRICULUM DEVELOPMENT, DRUG-FREE SCHOOLS, MEADE SCHOOL DISTRICT, STURGIS, SOUTH DAKOTA; MS. KAREN HAYHURST, COORDINATOR, DRUG-FREE SCHOOLS AND COMMUNITIES PROGRAM, CAMPBELL COUNTY SCHOOL DISTRICT, GILLETTE, WYOMING; AND MR. SONNY BROESDER, THE GUIDANCE COUNSELOR AND COORDINATOR, DRUG-FREE SCHOOLS AND COMMUNITIES PROGRAM, BIG HORN COUNTY SCHOOL DISTRICT, LOVELL, WYOMING

Ms. STEVENS. Thank you. I'm very pleased to address the subcommittee this morning representing the Department of Education and trying to share with you the State perspective on the drug prevention program. I have two purposes this morning: one is to tell you what we're doing in Nebraska; the other is to give you some reasons why we would urge the reauthorization of this project.

It's most appropriate that you chose to come to Nebraska. As Congressman Barrett said, we definitely qualify as rural. I just completed the data base for 1993–1994 for our school district and we have 737 school districts in our State that are eligible to receive funding. Of those, 658 have grant allocations under $5,000 and only two have grant funds over $80,000. So, we definitely rely on a consortium approach to the delivery of services.

School districts may choose to submit an application to administer the dollars themselves or participate via a consortium. In my written testimony—Appendix No. 6—I've included additional information on our educational service unit which is the backbone of our consortium effort in terms of regional technical assistance.

During the last 3-year grant cycle, we've had emphasis on the implementation of a developmentally-based, age appropriate drug prevention program. We've required the school districts or the consortia to submit a plan on their anticipated grant activities and then I examine those plans to see how schools are utilizing their funds in a comprehensive approach. I've included in my testimony a breakdown on Appendix Number 2 of what I consider rural schools versus urban schools and how they're spending their dollars.

In other words, Omaha, Lincoln, and the school areas of surrounding Omaha were considered urban; the rest were considered rural. You can see that the majority of their funds are being spent on curriculum, youth leadership and parental involvement. This gives us some guidelines on what we need to be doing for training and assistance in these districts in the future—this next year.

After a school district has put together a comprehensive plan of prevention for all students, if they target specifically high-risk students, they are allowed to use their drug funds on specific groups if they wish to. In Appendix Number 4 you'll see the data analysis that I've done for the rural districts indicating that about 30 percent of them do spend some of their dollars on children that they consider at high risk.

One the major cooperative efforts that the Department of Education has had with the Governor's Discretionary Fund is our support for an effort called Toward a Drug-Free Nebraska, our school, community team training project. We feel, and I think you heard at the breakfast, that the school community approach is the essence of our drug prevention effort. So we put in a significant amount of time and energy toward developing school community teams and then supporting those teams as the advisory groups to our drug-free dollars so that we can come up with a comprehensive approach.

Now, you must realize that this is a very new program, but even in this short time we have some longitudinal data from our drug-free Nebraska teams to support the fact that this comprehensive approach does reduce drug, alcohol, and tobacco usage. Appendix 5 indicates the statistics from our Drug-Free Nebraska Program. We need to be very careful that we're looking at ways to support this comprehensive prevention approach as opposed to being channeled into looking at high-risk numbers—specific high-risk numbers because if we have to do that, we're assuming these children already have risk behaviors and we've gone beyond the pure prevention that we're trying to use these dollars for.

I've worked with the Department of Education for about 15 years and this is the only fund that I've ever seen coming into the department purely for prevention and I appreciate the fact that we're able to deal with this and I would really urge that we give that some credence as opposed to as some of naysayers say, move over to a specific risk strategy. I think the prevention approach is going to show more and more results. It does take some time.

One of the rural issues that I would like to share with you has to do with—from my perspective at the State is the need for data from outside entities. I realize we all need data to support our cause, but I think you need to be aware that in Nebraska so many schools participate via a consortium that the data that I receive in the department is aggregate data so when I'm requested to do school-specific data to a Federal agency or an outside agency, it is somewhat difficult to conjure that up in a matter of 48 hours or 2 weeks. So, I would like to have the data requirement be somewhat flexible so that we can allow our school districts to have their unique programs and evaluate those in somehow their unique way.

Chairman OWENS. Excuse me?

Ms. STEVENS. Yes.

Chairman OWENS. The acoustics are very good in this room and we can hear you very well. You're not using a mike, I wonder, can everybody hear well?

[No response.]

Chairman OWENS. Maybe you can use the mike, just in case.

Ms. STEVENS. Do you want me to pull it closer?

Chairman OWENS. Yes.

Ms. STEVENS. Looking at data, I think you need to know that we have a number of parents who are concerned about the invasion of privacy and we must respect that and we must be extremely sensitive in terms of the kinds of questions we ask our school districts to gather regarding our children. And that doesn't mean we shouldn't gather data, but I think it needs to be entered into the

record that we must respect that right of privacy and only gather the data that we need to have for our prevention efforts.

One of the strategies, or I guess a couple of the strategies I would like to highlight for you this morning is that I think the school community team training is the foundation of our drug prevention effort. After a school has been in training and been active for about a year, if they wish to, then they can move into student assistance program training and some of those teams will take skip training, as you heard at the breakfast, and some will take student assistance programming then move on to some more at-risk issues. And the other strategy that I think is crucial to Nebraska is the support for our consortiums to be able to administer those limited dollars.

In fact, down around Carney at ESU 10 she has 76 school districts in her consortium. So you can see the maximizing of resources that come together when one leader is able to bring in speakers and develop programs for schools with very limited funds.

As a State we have been fortunate to receive some national and regional workshops and the Midwest regional center and Tom Barlow has been particularly helpful to us in bringing in technical expertise in areas that we've needed and in the area of—we call it TOT, trainer of trainers, where they can bring in some expertise, train some people in our regional areas who then can disseminate and work more closely with our school districts. And I think that's a strategy that works very well in a State of a rural nature such as Nebraska.

We have several recommendations that we would like to have on the record.

We recommend continuing the existing statutory authority to allow the local districts the ability to determine the strategies which best meet their needs. The present Federal stipulation for funding a specific program, such as DARE, limits the options for schools; therefore, we would suggest less designation of specific programs.

We would also like some long-term consistency in the federally determined data requirements. It takes us several years to set up the ability to gather that data, bring it in from the locals and turn it into some kind of information for a Federal agency.

We would also encourage the allowance of these dollars to guarantee prevention for all grade levels and not require our districts to label children for specific risk factors in order to fulfill data requirements and I think you'll hear that several times this morning.

We also feel that a variety of drug prevention strategies appear to be appropriate for funding and we recommend less Federal emphasis on model and demonstration programs and more support for capacity building and a variety of intervention and prevention skills.

We would like to have available to the State Departments of Education funds for training activities and again less emphasis on the competitive grants for somebody else's model program. We have found our need to be primarily that of capacity building with small districts.

We really appreciate the opportunity to share these thoughts with you and we would welcome any questions you have about at least our perspective on this issue.

Chairman OWENS. Thank you.

[The prepared statement of Karen Stevens follows:]

Drug-Free Schools and Communities Act - Reauthorization Hearing
Chadron, Nebraska June 19, 1993
Karen Stevens, Nebraska Department of Education

I would like to thank the Subcommittee on Select Education and Civil Rights for the invitation to address you on the reauthorization of the Drug-Free Schools and Communities (DFSC) Act. These funds have been most useful in supporting the local schools districts' drug prevention education programs in Nebraska and we welcome the chance to discuss the continuation of this program. I'm Karen Stevens, Project Director for the Drug-Free Schools and Communities Act for the Nebraska Department of Education (NDE). My primary responsibility is the administration of DFSC grant funds to the local school districts (LEAs).

Nebraska background information:

Nebraska Department of Education's allocation for the 1993-94 DFSC program is $2,386,319 with 93% to flow directly to 737 eligible school districts. It is appropriate that the Subcommittee hold a hearing in Nebraska to discuss rural issues. By all national standards, the majority of Nebraska's schools are considered rural. There are 320,718 students in 737 school districts. Of those LEAs, 433 are Class 1's (elementary only). The Drug-Free Schools allocations for this year indicate 658 districts have a grant allocation under $5000. (Fifteen are eligible for funds over $20,000 and only two for funds over $80,000).

School districts may submit an application to administer drug-free funds or they may elect to participate via a Consortium application. Regardless of the way a district chooses to participate, the district is responsible for complying with the federal requirements governing the administration of the Drug-Free Schools and Communities Act, which includes the provision of age appropriate, developmentally based drug and alcohol prevention education for all grades served by the district. Also, all districts are required to implement a drug-free school policy for students and employees. (Appendix 1).

During the past three year cycle, emphasis has been on implementation of a developmentally based, age appropriate drug prevention program. Each participating district/Consortium is required to submit a plan indicating anticipated grant activities and budget items to the NDE. An examination of the comprehensive plans submitted for 1992-93 indicates that the majority of our districts planned to expend funds on curriculum, youth leadership and development, and parent involvement. (Appendix 2. The description of the various components is found in Appendix 3.)

After a school assures the provision of a drug prevention education program for all grade levels, some of the emphasis for programming may focus on issues related to high risk youth. The Interim Progress Reports, submitted by LEAs and Consortia, indicate that the majority of activity does focus on the general student population. However, 163 of the rural schools did indicate some activity with high risk students (Appendix 4).

A major cooperative project between the NDE and Department of Public Institutions (administering the Governor s Discretionary Fund) is the Toward a Drug-Free Nebraska School/Community Training (TDFN) project. We consider the school and community comprehensive drug prevention approach as crucial. (Appendix 5)

Assessment and Evaluation issues:

Individual districts and Consortia participating in the grant program are required to evaluate their programs and submit that information to the NDE annually via an Interim Progress Report. Our approach has been to promote assessing the level of tobacco, alcohol and other drug (TAOD) use within a community and then to monitor the comprehensive process used by that community to address the issues identified. Through our Toward Drug Free Nebraska project, we have longitudinal data to support the reduction of student use through the school/community team approach. (Appendix 5) In addition, the Department of Education staff utilize site visits and cluster meetings as a means to evaluate district program activity.

There are limited resources for prevention. We support evaluations which focus on capacity building as opposed to specific high risk numbers. The labeling of children in categories supposes some risk behaviors are already in place and moves beyond the primary focus of the overall prevention effort.

Special Rural Problems:

Others at this hearing are sharing with you some rural issues, such as distance to services and limited resources in a specific area. I would like to mention several related to the specific grant administered by the NDE.

Many districts are part of a Consortium. Despite the obvious benefit of being able to pool funding for services, materials and programs, there is a problem in developing a community approach to problem solving. The community has a large part to play in the TAOD. In Nebraska we do rely on our TDFN school/community teams to keep the local focus and encourage linkage to the Consortium.

Another problem is providing individualized LEA information for federal reports when so much of our data comes through the Consortium and therefore is an aggregate. As an aside, the school districts are struggling with surveys in general. Our schools are regularly contacted by entities requesting participation in student queries related to drug and alcohol use. The districts also need to do some surveying for assessment and evaluation of their prevention program. Yet a number of parents are concerned about invasion of privacy and we must respect that. I bring this up to encourage this reauthorization to not include more personal, specific data requirements unless there is an overwhelming need to do so.

Strategies used by NDE to aid rural schools:

1. The Toward a Drug-Free Nebraska School Community team training provides the foundation for local development of comprehensive programming based on the unique needs and resources available within the local community.

2. The WIN Cadre works as a technical assistance team. Although federal grant funding for this training has not continued, NDE attempts to identify (and support training for) people around the state to allow them to function as regional contacts on specific prevention topics.

3. Student Assistance Programming addresses the special needs of high risk students in the school, after the district has addressed prevention/education for all of the students served by the district.

4. The Educational Service Units (ESUs) provide valuable leadership, resources and support for local districts. (Appendix 6). Seventeen of the twenty-two Consortia are administered by the ESUs.

5. The NDE works closely with others in the utilization of community resources, such as Regional Prevention Centers. Several of our cooperative efforts are addressed in this testimony.

6. On site visits and attendance at Consortium meetings are another method NDE utilizes to provide services to our rural districts.

7. The provision of interactive video conferences allow participation at seven sites around state. This promotes maximum participation with minimal travel.

8. A statewide Promising Practices Conference is held to share successful school and community partnerships in drug and alcohol prevention.

9. The Nebraska Department of Education is currently administering a Counselor training grant which provides intervention interview and counseling skill training for counselors, psychologists, social workers and nurses who work with high risk students.

Training and technical assistance available:

National and regional workshops are available, such as those supported by the Midwest Regional Center (MRC) and the Department of Education. The MRC has provided training for our state and has been helpful in supporting our Training of Trainers efforts in areas of School/Community team building and Student Assistance Programming.

Recommendations:

-- Nebraska recommends continuing existing statutory authority which allows the local districts the determination of strategies which best meet their needs. The present federal stipulation for funding of a specific program, such as DARE, limits the options for schools. Thus, we would suggest less designation of specific programs.

-- We would recommend some long term consistency in the federally determined data requirements. Two years ago NDE set up a computerized data base to gather the information we thought would be needed for the next national biennial report. However, when report forms arrived, other data was requested. It takes several years to inform the local districts, have them gather and submit new data and have us develop a way to process it for so many districts.

-- We encourage the allowance of these dollars to guarantee prevention at all grade levels and not require district labeling of children for specific risk factors in order to fulfill data requirements. Risk literature shows a very complicated web of factors and it appears counterproductive to have to isolate drug and alcohol as a unique issue. (Then if a school does find a specific group at risk, they may address that through their comprehensive plan and/or through programs for high risk youth supported by the Governor's Discretionary Fund.)

-- Since 90% of the NDE funds go directly to the local districts, we have limited funds for the needed training and technical assistance, especially for rural areas who lack trained drug education staff and counselors. Currently, there is reliance on the Governor's Discretionary Fund for our statewide cooperative venture, entitled Toward a Drug-Free Nebraska School/Community Team Training.

-- We also feel that a variety of drug prevention strategies appear to be appropriate for funding and therefore recommend less federal emphasis on "model" or "demonstration" programs and more support for capacity building in a variety of intervention/prevention skills. This promotes the local district being able to adapt a program to meet its unique needs rather than trying to adopt a "model" program from some other part of the country.

-- We recommend making available to SEAs funds for statewide training activities and again less emphasis on competitive grants for model programs. Nebraska has found the need to be primarily capacity building within these smaller districts.

Thank you for this opportunity to share these thoughts with your committee.

§ 86.200 What must the SEA's and LEA's drug prevention program for students include?

The SEA's and LEA's program for all students must, at a minimum, include the following:

(a) Age-appropriate, developmentally based drug and alcohol education and prevention programs (which address the legal, social, and health consequences of drug and alcohol use and which provide information about effective techniques for resisting peer pressure to use illicit drugs or alcohol) for all students in all grades of the schools operated or served by the SEA or LEA, from early childhood level through grade 12.

(b) A statement to students that the use of illicit drugs and the unlawful possession and use of alcohol is wrong and harmful.

(c) Standards of conduct that are applicable to students in all the SEA's and LEA's schools and that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students on school premises or as part of any of its activities.

(d) A clear statement that disciplinary sanctions (consistent with local, State, and Federal law), up to and including expulsion and referral for prosecution will be imposed on students who violate the standards of conduct required by paragraph (c) of this section and a description of those sanctions. For the purpose of this section, a disciplinary sanction may include the completion of an appropriate rehabilitation program.

(e) Information about any drug and alcohol counseling and rehabilitation and re-entry programs that are available to students.

(f) A requirement that all parents and students be given a copy of the standards of conduct required by paragraph (c) of this section and the statement of disciplinary sanctions described in paragraph (d) of this section.

(g) Notification to parents and students that compliance with the standards of conduct required by paragraph (c) of this section m mandatory.

(h) A biennial review by the SEA or LEA of its program to —

(1) Determine its effectiveness and implement changes to the program if they are needed; and

(2) Ensure that the disciplinary sanctions described in paragraph (d) of this section are consistently enforced.

(Approved by the of Office of Management and Budget under control number 1880-0522)
(Authority: 20 U.S.C. 3224a)

X
APPENDIX 1

78-171 O - 94 - 2

DRUG FREE SCHOOLS AND COMMUNITY ACT
92-93

Percentage of LEA Planned Expenditures by Size

Area of Planned Expenditure	State Wide	Rural	Urban*	Individual Small Rural <$5,000
Number of Individual LEAs and Consortia	126	117	9	44
	Percentage of LEA Planned Expenditures			
Assessment	5	6	2	6
Policy	4	3	4	3
Curriculum	31	37	22	49
Youth Leadership	26	21	34	24
Parents	15	12	20	9
Community	8	9	8	6
Administration	9	9	10	3
Other	1	1	0	1
	100%	100%	100%	100%
$ in millions	2.3	1.0	1.3	

* Urban includes Omaha, Lincoln and ESU #3

Data Source -- Budget Information Sheet NDE 29-003

Majority of funds (about 70%) are spent on Curriculum, Youth Leadership and Parent envolvement

Urban schools spend most on Youth leadership while rurals spend most on Curriculum

APPENDIX J

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PROGRAM COMPONENTS FOR DRUG-FREE SCHOOLS

1. Recognizing, Assessing, and Monitoring the Problem*

Establish a means of assessing on a periodic basis the extent and character of tobacco, alcohol, and other drug use, possession, and distribution. Establish a means of monitoring regularly any changes in the above.

2. Setting, Implementing and Enforcing Policy*

Establish clear and specific rules regarding tobacco, alcohol, and other drug use, possession and distribution that include strong corrective actions. Educate entire staff, certified and non-certified, regarding their roles and responsibilities under the established policies. Enforce established policies fairly and consistently and implement measures to eliminate drugs on school premises and at all school-related functions.

3. Determining Curricula, Selecting Materials, and Teaching the Drug Prevention Curriculum*

Implement a comprehensive "no use" drug prevention curriculum from kindergarten through grade 12 that teaches why drug use is wrong and harmful to self and others; curriculum that supports and strengthens resistance to drugs. All materials should be screened to ensure that they support school policies.

4. Youth Leadership/Development*

Implement activities that encourage students' active participation in promoting an environment free of tobacco, alcohol, and other drug use; e.g. counseling, student assistance programs, etc. Referral service for youth in need of treatment and rehabilitation. Programs for those youth who have entered after-care.

5. Promoting Parent Involvement*

Promote parent education and collaboration between parents and school that encourage parents to take an active interest in their children's behavior and to provide guidance and support needed to help them resist tobacco, alcohol, and other drug use. Increasing parental awareness about the symptoms and effects of drug use through the development and dissemination of appropriate educational materials.

(continued)

Program Components continued

6. Interacting and Networking with Community Groups and Agencies*

Outreach to the community for support and assistance in making the school's anti-drug policy and program work. Develop collaborative arrangements in which school personnel, school boards, law enforcement officers, treatment organizations, and private groups work together to provide necessary resources.
Includes public education programs on drug and alcohol abuse.

7. Administration

Funds needed to administer the grant activity, may include costs to evaluate the total Drug-Free program. Support for Advisory Councils and School-Community team(s). (However, program activities developed by the School-Community team should be incorporated in the appropriate program components.)

8. Other

This optional category is to allow local applicants to identify a priority area that may not fall within the other seven categories.

***Training**

Training is not included as a separate listing. It is intended that training would be an appropriate activity within any of the components.

*** Evaluation**

Evaluation is an appropriate and important aspect of all of the components.

DRUG FREE SCHOOLS AND COMMUNITY ACT
92-93

Number and Percentage of Rural LEAs Serving
Different Target Populations

	All *Rural LEAs		Individual Small Rural LEAs <$5,000	
Number of LEAs Reporting	518		54	
Group Served	Num	%	Num	%
General Student	518	100	54	100
High Risk Student	163	31	3	6
Student Athlete	151	29	4	7
Latchkey Children	128	25	2	4
Parent	107	21	10	19
Student Assistant Program	102	20	3	6
Teachers & Staff	94	18	8	15
Community Group	52	10	4	7
Law Enforcement	30	6	2	4
Alternative Educ Program	12	2	0	0
Other	3	1	0	0

* All reporting LEAs except urban areas of Omaha, Lincoln, ESU #3

Data Source -- Interim Progress Report

OBSERVATIONS:

All of the Reporting Rural LEAs provide services to their general student population.

Between 25% and 30% of the Rural LEAs report serving special special student groups of high risk youth, student athletes and latchkey children.

About 20% of the Rural LEAs report providing services to students via Student Assistance Programs.

About 20% of the Rural LEAs report providing services to adults; Parents; Teachers and Staff.

Small Rural LEAs are more likely to report providing services to adult populations such as Teachers, Staff and Parents rather than to special student populations (i.e. high risk youth, etc.).

Few Small Rural LEAs report providing Student Assistance Programs

APPENDIX 4

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School/Community Team Training
P.O. Box 2047
Hastings, NE 68902-2047
Phone (402) 463-5611
FAX (402) 463-9555

Toward a Drug Free Nebraska Project, David Friedli, Project Director

Population/Problem Served by the Project

Nebraska schools serve a wide variety of demographic and geographic areas. With over 900 public and private schools spread across a 77,277 square mile area, Nebraska schools are a mix of urban and rural districts with student populations ranging from single digits to the largest, Omaha with 86,000. Nebraska schools serve a diverse population, contrary to the notion that students in Nebraska are "all the same." Ninety percent of Nebraska students are White, 5% are Black, 3% Hispanic, 1% Asian and 1% American Indian/ Alaskan Native. According to the most statistics collected by the Data Center of the Nebraska Department of Education, 3,724 of the 317,021 students enrolled dropped out of school during the 1989-90 year. This represents 1.2% of the school population. Prevention has been the focus of the training program Toward a Drug Free Nebraska (TDFN) has developed across the state. In 1990, the Nebraska Progress Report, a result of a task force study of the progress being made in the state to meet Goal 6 of the President's America 2000, recommended schools should *"be required to implement student assistance programs by providing identification, intervention, referral, and follow-up programs"* and directed the State Department of Education to *"administer and coordinate efforts to organize, unify, and support programs and comprehensive programming."*

Program Description

In 1986, the Governor's Office and the Nebraska Department of Education embarked in a cooperative effort to provide a three step planning and training concept to assist schools and communities in meeting the provisions of the Drug Free Schools and Communities Act (PL 100-1921). The goal of the Toward a Drug Free Nebraska Project was and remains to empower schools and the communities they serve with the knowledges and skills necessary to implement comprehensive programs for alcohol, tobacco and other drug prevention education. Following the Effective Schools Model, teams of administrators, counselors, teachers, parents and community representatives enter the training model through a residential training which results in an Action Plan of comprehensive programming.

Evaluation of the Project

According to the 1991-92 evaluation of the Project, based on team leader reports and surveys of nearly 15,000 students across Nebraska, the Toward a Drug Free Nebraska model makes significant positive impact on the use of alcohol and other drugs by students.

1. **Alcohol Use in the Last 30 Days**: Secondary schools which completed 1-2 projects reported a 30% drinking rate. Schools which completed 5 or 6 projects reported a 24% drinking rate.

2. **Marijuana Use in the Last 30 Days**: Secondary schools whose teams met fewer than four times had a marijuana usage rate of 7%. Those meeting more than 6 or times had a usage rate of 6%.

3. **Cigarette Use**: Secondary school teams conducting less than two projects during the year reported tobacco smoking by 26% of the students. Schools where the team carried out five or six projects had a decline in smoking rate, 17% of students.

4. **Decreased Use As a Result of Longevity**: The following statistics indicate school community teams which have implemented their program over time continue, to reduce the percentage of students who report drinking in the last 30 days:

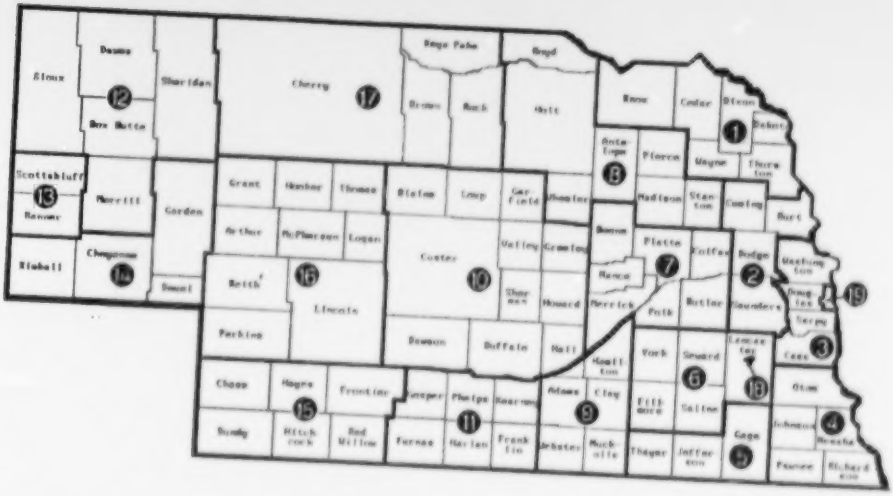
Years team has completed survey	1year	5years
% of students reporting drinking in last 30 days Secondary Schools	36%	26%

Level of Implementation of the Project in Nebraska

Of the 1170 attendance centers within Nebraska:

- 458 building-level teams have been trained at the School Community Team Training level.
- 410 building-level teams have been trained in SAP Core Team Training.
- At least 68 schools are currently running teacher/ lead Support Groups.

NEBRASKA EDUCATIONAL SERVICE UNITS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Platte
Colfax
Dodge
Washington
Douglas
Sarpy
Cass
Nance
Merrick
Polk
Butler
Saunders
Lancaster
Otoe
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Seward
Johnson
Nemaha
Gage
Jefferson
Thayer
Richardson
Pawnee
Fillmore
Saline
Adams
Clay
Nuckolls
Webster
Franklin
Harlan
Furnas
Red Willow
Hitchcock
Hayes
Frontier
Gosper
Phelps
Kearney
Buffalo
Hall
Howard
Greeley
Valley
Sherman
Custer
Blaine
Loup
Garfield
Wheeler
Boone
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Hamilton
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Webster
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Franklin
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Perkins
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Dawson
Buffalo
Hall
Howard
Sherman
Valley
Custer
Arthur
McPherson
Logan
Grant
Hooker
Thomas
Blaine
Loup
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Valley
Custer
Arthur
McPherson
Logan
Grant
Hooker
Thomas

Chairman OWENS. Ms. Hartman.

Ms. HARTMAN. Thank you. The day before I came down here I had to call my college-age son and tell him that one of his friends with whom he spent 12 years in public school and wrestled and played football with was killed in a head-on car accident in Rapid City. This was an alcohol-related crash. It was very difficult for me to do and I couldn't help but think as I was packing my bags to come down here that somewhere we missed the boat. We didn't get the message across to this young man that you don't drink and drive. The prevention message just didn't get there. It didn't start early enough, it wasn't strong enough, and it's too late now. For him there is no correctional facility, there is no rehabilitation, there is no intervention. That's it. We cannot afford to lose one of our children. We need them all. This was a very bright young man, a very personable young man, a man who was hard working, he could very well have been sitting where one of the honorable gentlemen is sitting this morning.

I'm very happy to represent South Dakota here today. As I mentioned earlier when we were discussing some of the issues, it costs a great deal of money for intervention and prevention and as I just mentioned for many of our young people, it's too little, too late. We spend $18 a head on our young people for prevention and that is the best $18 that any school district and any government can spend if it just saves one young person from one district in the United States, it's money that is a wonderful investment.

In our district, and I have a little different perspective on this from Ms. Stevens because I'm an educational administrator and I deal with considerably more things than just AOD, but my staff and I believe that the money that we spend on prevention is like the wise farmer that builds a fence at the top of the cliff so that his sheep won't fall off. It's great to pick up the pieces down at the bottom of the cliff and try to patch them together again, but it's a lot cheaper to build that fence and that's what prevention is all about.

I think we've put perhaps too much emphasis on curtailing supply and the enforcement aspect of the war on drugs and not paid enough attention to societal change to making alcohol and drug abuse culturally unacceptable. This is what the drug prevention legislation is all about. By educating and molding the attitudes of young minds through vigorous and exciting prevention activities this is the way to initiate change. Where else do we have a captive audience for 12 years? This is the place to really go about changing this attitude that AOD is acceptable. And what we need is a concerted dedication for building resilience in all our children so that not only are they able to turn down alcohol and drug advances, but they are able to resist throughout their lives any of these risk-promoting activities and additionally to make healthy choices.

When we first started with our alcohol and drug program about 5 years ago we took a survey of our senior class and we were absolutely appalled with the results that we got back. In fact, we had many of the staff that questioned it and they said, well, they're just making those things up. But that was not true, it was a totally anonymous survey and we have no reason to question the data that we had compiled. I think we're fairly typical of most rural areas

and what we found out was that about 97 percent of our senior class had used alcohol within the last month. While alcohol is certainly the predominant area of concern in rural areas, it is not the only area of concern. And recently we've seen a great upsurge in inhalant abuse, in LSD use, in marijuana use especially among the younger children. So it's still a cause for concern.

I think as Congressman Owens mentioned earlier this morning that the drug traders—the drug promoters have finally figured out that probably there's more money in the suburbans and in the rural area than there is in a lot of the inner-city areas so we're a prime target. It's a business proposition, this racketeering. So we are certainly not immune from any of the efforts that are undertaken by any of those individuals.

We do have a program in our district that deals with children who are on probation and approximately 80 percent of the students who get into trouble with the law, in our district at least, have trouble with alcohol and other drugs. In our district we have about 16 percent of the juveniles or the young people in our district who do get entangled with the juvenile court system at some time or another. And we have put together with the Attorney General's office a very healthy program with which we've been able to reduce the recidivism rate of these juveniles from a national average of 69 percent to a 7.5 percent level. So we feel it's very successful and it emphasizes, also, the importance of what was mentioned earlier, cooperation and collaboration between agencies.

We have considerable concerns about the lower grades in which the gateway drugs of tobacco and marijuana and OTC, or over-the-counter drugs, are a significant factor. In our high school, as I mentioned earlier, we had a large usage problem and 12 percent of the students surveyed emerged as what we call level one or high-risk users. This means that they should have been in treatment basically. That is a really high percentage and it is not unusual in rural areas.

Our children are as much at risk as urban youth. In fact, in many cases they are more so. In rural America, in our district in particular and in South Dakota generally, we really had to figure out a plan for what works and the drug-free schools funding enabled us to take the proverbial bull by the horns and set about pulling ourselves up out the manure so to speak of alcohol and other drug abuse and local problems do require local solutions and we knew that nobody was in a better position to help our children than we were in the local school districts and in the local community.

One of the major problems that we deal with is assessment follow up in which you put the information out to the district and you immediately get a denial. They say, no, this isn't true, this isn't a problem, it's only beer, or a lot of things of this nature. So we did have to undertake an extensive media campaign to promote the veracity of what we were telling our patrons that this was a problem, this was the truth, and I think if we had access to a sample book of press releases from somewhere at sometime it really would have been a great deal of help.

We worked on researching a number of commercial curricula and we did use the Federal drug prevention curriculum guidelines,

"Learning to Live Drug-Free." I would like to commend the Federal Government for making this particular guideline available to all school districts in the United States because it is an excellent starting point.

We did receive training from OSAP which is now CSAP. The regional educational labs, particularly McREL, have been of incredible value and assistance to us in the local school district. We couldn't have done anything without them. The State prevention center in South Dakota have been very helpful and we too use the TOT model. We refer to it as the "turnkey" model in which we train trainers so that our own staff can come back and provide workshops to their peers.

We found law enforcement agencies and the State attorney general's office very willing to work with the schools once we managed to get them in the same room together. There are so many turf issues when you're working with a multitude of agencies that this is in and of itself a problem.

We send our staff to training whenever it's possible and we have brought regional lab training into the district for our own staff and I'd like to say as an educator, not just an AOD person, but getting research from the researchers into the classroom on the local school district level is a real problem. We know what works, but getting it implemented at the local level is an entirely different proposition.

We believe that our district has been very successful in what we've undertaken and we've managed to change the statistics with our seniors, at least, by lowering the incidence of use and abuse by 10 percent over a 5-year period which is really a very unusual kind of result. Usually the research tells us that it takes 7 years to notice any change. But we have noticed this particular progress, hopefully, in our district.

I do believe that the planning and the evaluation are the two components of the program which are most frequently omitted. I think that as educators many of our staff like the action. They like the activity, they like doing things and they forget all about extensive planning ahead of them and extensive follow-up evaluation and assessment afterwards. And these are the two bookends that hold the whole program on the shelf. We can't get by without them. They are absolutely vital. This is something that I believe the Federal Government could provide more assistance with.

I don't think many local school districts in South Dakota, at least, have the expertise or the resources to do an extensive evaluation. We are fortunate in our district because we do have that component in place and we are able to keep very good statistics on what is going on. And, of course, we're not interested in just quantitative data, but qualitative data, also. I don't think this should be overlooked. When you're assessing a program you need to ask the people, well, how is it going out there? You don't need just to count programs and count activities and count books. You need to look at the human factor that is involved.

It is a community problem. It has been noted that this is a school problem, but most of the AOD activity in schools takes place out of schools. It does not take place on school property, so it is not solely a school problem. It is a community problem and there is an

adage that says it takes a whole village to raise a child and we believe in this. In drug prevention I think this is absolutely the truth. It takes the efforts of everybody, every individual in the community, the agencies, the schools, the drug-free schools funding has enabled schools to take the leadership role in bringing communities into building resiliency and building a better education for their children.

As an educator with a larger area of responsibility than just AOD, I cannot think of a better vehicle to mobilize community and parents and district patrons than drug prevention. It's an easy bandwagon to jump on and nobody is going to say, no, I'm not going to help the schools with this effort because—you know, because of whatever. It's just an easy bandwagon for people to jump on. So the drug-free schools program has not only enabled us to address the issue of abuse and addiction, it has additionally enabled us to address a very large educational issue which is involving parents and community in education in relinking the districts with the community, in making sure that parents and community readopt the responsibility for the education of their youth. So I really believe this program is a gateway of opportunity not just for AOD prevention, but for also educational improvement.

Thank you.

Chairman OWENS. Thank you.

[The prepared statement of Josephine Hartman follows:]

REAUTHORIZATION OF DRUG FREE SCHOOLS FUNDING
JOSEPHINE HARTMANN: SOUTH DAKOTA

As a South Dakota educator of some 25 years standing, I have seen many changes in our children, but one constant remains. Parents still send us the best children they have available; if they had better, I'm sure they would send them.

However, twenty five years ago, the problems encountered by teachers and administrators were students chewing gum and whispering in study hall. Nowadays, problems in our schools reflect the problems in society - violence, murder, hostage-taking, rape, robbery and drugs. Our problems are not going away; they are altering in both magnitude and focus, and spreading into the remotest corners of our rural state.

On the front lines, teachers tell me that it is like holding 100 ping pong balls under water simultaneously. As fast as you get one under control, 99 others pop up. That doesn't mean that schools are failing to do the task assigned to them. Nor does it mean that the drug free schools legislation is ineffective. It means that society is changing and we can't roll the clock back 25 years, however much we would like to do so.

We are sailing uncharted waters at a very fast clip, and we cannot rely on old maps of other oceans to guide us. All we can use is common sense and our knowledge of human psychology to anticipate the course we must follow.

With regard to drug free school funding, I would like to point out some common sense observations.

In South Dakota, it takes $28,000 to k[illegible] someone in our correctional facilities for a year; (80% of the inmates are there because of some connection with alcohol and othe. drug-related offences. Also, our prison population has doubled over the past 10 years.) It takes $10,000 to send someone through rehab treatment (if you can get them in.) The average prevention expenditure in our district is $16 per student, and we are on the high end of the state spectrum. Now I ask you, who is getting the biggest bang for the buck? Does it make sense to further cut the prevention dollars and keep padding the budget for correctional facilities and treatment?

In addition to cost per participant, there are many other differences between prevention and rehabilitation or treatment. The money spent on correctional and treatment facilities can be likened to footing a huge veterinarian's bill for all the sheep who have run off the edge of a cliff. A smart rancher would invest his dollars in building a fence to divert the recalcitrants.

This is the purpose of prevention - to build a fence to stop our lambs from falling over the precipice.

We cannot afford to lose ONE of our children. We need them all with their gifts and talent and enthusiasm to help us tackle the twenty first century. Our young people should not be viewed as merely part of our problem; they can help us find innovative solutions if we can just keep them from falling off the cliff of drug abuse.

I believe that there is too much money spent on the so-called "war on drugs". The emphasis on curtailing supply, with its confrontational battles and all the accoutrements

of a military campaign has fallen far short of its goal. The sensible and CHEAP approach is to concentrate on societal change - on making alcohol and drug use and abuse culturally unacceptable.

Maybe prevention is not as glamorous or exciting as a noble "war", but it is more cost effective in terms of both real dollars and human lives. Our national predilection for violence has led us to mistaken choices in this arena. It is impossible to change national character and attitude by taking it on with six-guns blazing. A gentle teacher with a lap full of children can be far more effective in the long run.

How can we best secure a victory ? By educating and molding the attitudes of young minds through vigorous and exciting prevention activities in the schools, where else does one have a captive audience for twelve years?

The preceding philosophy has shaped the development of our district's drug prevention program over the past five years. A dedication to building resilience in ALL the children has been our motivation.

When we first started, we were naive, inexperienced, and basing most of our assumptions on the Donna Reed show. Only bad kids did drugs, right?

Not liking to operate in a vacuum, we first conducted a survey of our senior class and were appalled at what we discovered. Prior to citing our statistics, I would like to point out that we are fairly typical of most of rural western South Dakota, somewhat above the more urban eastern portion of the state, and well above the national averages.

Meade 46-1 School District covers 3,200 square miles in western South Dakota. The population of the county is about 20,000, with 5,500 living in the city of Sturgis, South Dakota. For two weeks in August, the population sky-rockets as high as 300,000 when Sturgis hosts the annual Black Hills Motorcycle Rally and Races. During this period, the community generates 13 of the 14 risk conditions considered to be predictors of alcohol abuse and transmits a mixed and confusing message to children and youth of the area.

Meade 46-1 School District has a total K-12 enrollment of approximately 3,180 students. The district encompasses almost all of Meade County, which is the largest geographic county in the state of South Dakota. Meade 46-1 has 26 attendance sites. Thirteen of the sites are rural elementary schools which house from two to four classrooms, together serving approximately 200 students of the 3,180 total.

The city of Sturgis is the only community of significant size within the district. The district's sole high school and middle school are located in Sturgis, along with five elementary schools. Sturgis is 30 miles from Rapid City, which is its center from most service delivery.

Meade County is a low socio-economic area of the state. 16.1% of the families within the district live below the poverty level. As high as 40% of the district's students qualify for free or reduced school lunch. School authorities believe that additional students could qualify but do not apply.

Meade 46-1 has a particularly significant rate of delinquency within the district. 16% of the students have

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been adjudicated by the juvenile court system with dispositions of a minimum 90 days probation. There is a constant record of at least 100 students who are involved in the court system at any time during the year. Taking into account recidivism, youth who are dismissed with a warning, and other variables, the 16% rate remained fairly constant prior to an energetic program undertaken by the district. Both police and sheriff's department statistics validate the fact that 79% of the total arrests and referrals in Meade County are alcohol and/or drug related.

The Meade 46-1 School District has had as high as a 28% dropout rate which is computed cumulatively over a four year period.

Ten per cent of all births in Meade County are to teenage mothers. 50.5% of elementary students are identified as educationally disadvantaged and eligible for Chapter 1 services. 8.5% receive special education services. The Sturgis community within the last decade gained notoriety as having the highest divorce rate in the United States. Meade County has the third highest child abuse rate in South Dakota.

Parental and community involvement at the school sites which serve 1,000 of our students has traditionally been minimal to non-existent. The more remote rural schools with their 200 student population are the exception to this rule, with almost 100% parental involvement.

More than 97% of the district's seniors in high school admitted to alcohol use in our initial survey. In an anonymous BMBSI survey given to senior students in Meade in 1, alcohol abuse emerged as a significant factor. 83% had used liquor within the previous month. Other substances had also been used in significant amounts.

Additionally, in surveys in the lower grades, use of gateway drugs, tobacco and marijuana, and over the counter drugs was a significant factor among 5-8 grade students. 40% were regular tobacco users; a 12-year old was arrested on school property for selling marijuana; and two youth overdosed on Dramamine and required hospitalization to recover from the barbiturate like effects.

Twelve per cent of the high school students surveyed with regard to chemical dependency and abuse emerged as Level I or high risk users, with the preponderance falling into the heavy alcohol use category. Fifteen percent were at the moderate risk or Level II stage. The school's failure and dropout rate correlated almost exactly with these figures at the onset of the drug prevention project, with the 28% dropout rate comparing to the 27% high and moderate risk users.

Eleven per cent of those surveyed had actually used alcohol or other drugs either at or on the way to school, and 13% had used during school hours away from campus or truant. Twenty one per cent had used alcohol at school events compared with 4% nationally. 76% of those surveyed had used liquor and other substances at night with friends compared with 13% nationally. Only 11% nationally had used liquor while driving compared with our district's 55%. Fifty-one per cent of our students had drunk liquor at home compared with a 6% national average.

Including our dropout youth (28%) for whom abuse statistics run around 40%, we estimated that one fifth of our high

school age population had been or actually were chemically dependent and either receiving or in need of treatment.

These start-up figures from Meade 46 1 are fairly typical of most rural areas in western South Dakota. Our baseline data were compiled in 1988 1989, prior to undertaking coordinated, collaborative planning.

It is totally unrealistic to assume that rural areas have fewer or less severe problems than urban areas. "Hamlet" on a small stage is no less a tragedy. Our difficulties with TAOD abuse in our student body are startling to those whose vision of rural life consists of a bucolic return to nature as depicted in the movie, "Dances with Wolves," which was filmed in our district. If that idyllic misconception harbored by urban sophisticates included growing marijuana in the back yard, it would be accurate; if it consisted of youth gamboling beneath the stars and sitting in classes in a toxic stupor the next day, it would be accurate ; if it included the much adored Malborough man riding into the sunset with a cigarette in one hand and a beer can in the other, it would be accurate. Rural youth are as much at risk as urban and suburban.

If we had to guess which youngsters had more money to spend - minority inner city youth or white rural and suburban youth - which would we decide? Drug dealers, liquor wholesalers, and the tobacco industry know where the money is. Why would they waste all their marketing strategies on areas engulfed by total and abject poverty? They have targeted a much more lucrative market, our rural and suburban youth.

Our children are as much at risk as urban youth - in fact, they may be more so in many instances. Our statistics tend to substantiate that conclusion. However, our dramas do not seem as interesting to the media as those of urban America. Consequently, we are perceived as being both drug and problem-free.

In rural America, we know we had to figure out a plan for our youth ourselves. The Drug Free Schools funding enabled us to take the proverbial bull by the horns and set about pulling ourselves up out of the manure by our own bootstraps. Local problems require local solutions and we knew nobody could help our children but us.

Following our assessment of the problem, the initial focus of the drug free schools effort in our district was to approach the phenomenon of denial among school staff and community. The idea that "it's only beer," and that alcohol was not a drug were the two major obstacles to prevention activities.

The way we tackled the dilemma was with by conducting an extensive media campaign, by organizing and holding public meetings, and by contacting agencies with a similar agenda. After five years, the community is finally swinging around to the realization that we did, indeed have a major problem on our hands. The media "blitz" resulted in student drug prevention being selected as the community's number one priority. We didn't get much help from any outside agencies on this piece of the puzzle. The media is always willing to capitalize on any bad news, so we had no problems enlisting them on our side. However, a sample book of press releases on AOD issues would have been most helpful. We just had to keep reading and writing our own in the precious little spare time we had available.

Next, we worked on researching a number of commercial

curricula which were available, together with the federal drug prevention curriculum guidelines, "Learning to Live Drug-Free," we developed a comprehensive K-8 model for the district. We introduced components of Project Charlie, DARE, McGruff, Horizons, Skills for Adolescents, Here's Looking at You 2000, Growing Healthy, Taking Charge, Student Assistance Programs (SAP), Student Chemical Action Teams, TORCH (Teens on the Road to Chemical Health,) SADD, Improvisational Theater, Red Ribbon Week, 3D Month, and similar programs into our schools.

Training provided by OSAP, (now CSAP,) the regional educational labs, and the state prevention centers proved to be very helpful. We used the "turnkey" model in which our own staff were trained and then conducted training for their peers. We were also able to pay building or site "leaders" to coordinate drug prevention programming, involve parents, and develop a comprehensive agenda of alternative healthy activities for students.

We have found law enforcement agencies and the state attorney general's office very willing to work with the schools -- once we could get them in the same room together!

One original program which Meade 46-1 developed is a law related program for adjudicated youth. This program is taught by school staff for small groups of students, 13-18, as part of the provisions of youth probation. The program, taught two evenings a week after school, consists of 40 hours of instructional time , a community service project, and parental involvement. The attorney general's office funded this project for the district. Using this innovative model, we managed to reduce the recidivism rate from the national 69% to a local 7.5%.

We send our staff to trainings whenever possible and have brought regional lab trainings into the district for our own staff and those from other districts. There is considerable research being conducted throughout the United States which needs to be incorporated into all districts, both rural and urban. Getting the information from the researchers into the districts and classrooms of all areas has proved to be somewhat of a problem. We have found the Pipeline publication of the CSAP office to be most helpful. Also the NDN dissemination work has been exceedingly useful in providing information on successful models. The Washington D.C. Drug Free Schools staff have also been an excellent resource for us.

We believe that our district has proved phenomenally successful in its prevention efforts, and our statistics tend to substantiate that conclusion. However, we are the exception rather than the general rule in South Dakota. We can name only one other school whose efforts have proved both effective and educationally viable over a long term.

The difference seems to lie in the approach. Schools and educators generally tend to be active, busy entities, caught up in "doing" things for and to students. In our district, because the administrator in charge of drug free schools, curriculum and staff development is research oriented, the approach incorporates extensive planning, establishing short and long term goals, and conducting a rigorous evaluation. The planning and the evaluation are the two "book ends" which hold up the program. Most schools don't bother with

those necessary supports. Therein lies the essential difference. Documentation of all activities and incorporation of current research are two other corrolaries which our district includes.

Assessment and evaluation are not flourishing in the drug free schools programs in our state. They are not a priority with most schools. Many administrators do not know how to design evaluation instruments, how to administer them appropriately, how to compile data in a meaningful fashion, or how to use formative data to adapt programs. Additionally, they don't know where to go for assistance. A standard evaluation format built into the drug free schools funding applications would be most helpful. All that is currently required is a bookkeeping report. Expenditures are not an accurate measure of efficacy, nor is a nariative summary of activities a reliable gauge of impact. A change in behavior by students is the only true benchmark.

Many districts use the drug free schools money as the principal's "cookie jar" which is used to subsidize sporadic activities such as travelling minstrels masquerading as drug prevention specialists, snazzy T shirts, and one-shot activities for students. While such expenditures may be loosely judged as perhaps accomplishing some short term good, the money is better spent to subsidize cohesive, long term programs conducted with students on a day by day basis. Research substantiates this conclusion.

In order to win the struggle against abuse and addiction, schools must work to build resiliency factors in students. Resiliency is accomplished only by long range plans and constant work and effort on the part of all school, family, and community members.

Another piece of our program concerns that very involvement of family and community in this long-term approach. We were able to train many of our staff in ways of involving these two necessary players in the total game plan, using drug free schools money. Every student benefits from this focus, this re-adoption of education by our previously non-involved (even adversarial) patrons. While the money was not spent on adults in the community, it was spent to draw them into the resiliency picture. Students' self esteem grows in leaps and bounds when they see that the community believes children are sufficiently important to take an interest in. Community coalitions are vital for program success.

The district has actively pursued the involvement of parents in drug prevention programming and education in general, with some marked successes. We have been able to offer this highly effective staff training on parent involvement to neighboring districts, also. The "turnkey" strategy with training of trainers, has proved both cost effective and potent in this particular case. We developed the training ourselves, as no S.D. university offers programming in parent involvement, and we hope to continue developing this particular focus.

One real drawback in rural area drug prevention programs is the lack of resources. In South Dakota there is a significant dearth of adolescent treatment/assessment facilities and experts. There exists a marked inability to respond to problems because of the isolation factor.

Admittedly, no problem can be solved by merely adopting a policy of throwing money at it. However, cutting funding for the drug prevention programs is one of our major nightmares. Our district utilizes the funding economically and effectively with significant long-term payback in terms

of student performance and attitude. While we may or may not be typical of federal funding utilization in rural areas, I believe we are an example of what can be accomplished. Our usage figures have dropped 12% in five years.

Without the federal support, we would be hard pressed to continue our efforts. Staff would be cut, programs sized down, materials eliminated. Once more, the students would see a glaring example of how unimportant they are to adults. They don't vote, they have few advocates. Who speaks for the children? They need the drug free schools programs to protect them, to build that fence at the edge of the cliff, to foster resiliency, and to track their remarkable achievements.

In the high plains and central plains states the "macho" image is a mammoth stumbling block which trips our students and topples them over the precipice. The attitudinal problem inherent in the cowboy culture of alcohol acceptance as a rite of passage is all pervasive and difficult to overcome. Smokeless tobacco is another corollary of the Clint Eastwood machismo.

Additionally, remote rural communities tend to be "closed," xenophobic, and highly resistant to change, as well as entrenched in the cowboy/logger/miner mystique of TADD in general.

In terms of what we need to help us further address these problems, we would like to make the following suggestions.

When districts apply for Eisenhower funding, they are required to apply as part of a consortium if their total entitlement falls below a certain level. By joining together with other districts, the programming is expanded, thus making maximum use of the scarce resources. I would like to see this particular collaborative focus expanded to drug free schools funding.

Most of us agree that we do not like to see so much of the drug free schools money set aside for the Governors' Discretionary Fund. In this state, at least, a good portion of the money finds its way into law enforcement prevention programs, such as DARE. While we extoll the virtues of the DARE program, it is a part time F.R. effort for most police departments. Children are our total business, day in and day out. Schools need drug prevention money more than law enforcement agencies do. We believe that some of law enforcement's own funding should be diverted from apprehension activities to prevention activities, rather than their claiming drug free schools money.

While Meade 46-1 does not claim to speak for all the districts in South Dakota, we do meet with prevention staff from many of the other districts on a regular basis. We are viewed as a leader by these other districts, and we have discussed many of the preceding issues at length with them. We believe that our views are representative of the widely held views in the state of South Dakota. We believe that our concerns are common concerns.

Funding in a poor state is an ever present nightmare. Withdrawal or cutting of drug free schools money would mean a catastrophe in South Dakota. In our district, at least, we are beginning to make headway. The drug free schools program has made that possible. Our children are our national responsibility, our heartache and our future. We can't let them down by failing to complete that fence at the cliff's

edge. The job is half done. We owe our children our best efforts, not the scraps left over from the table of special interest. We in South Dakota sincerely believe that drug prevention for our children should be a major priority for the federal government as it is for the many dedicated educators and other professionals struggling to rescue all their tomorrows from the ravages and horrors of addiction, from impaired learning, from FAS and FAE, from disease and unhealthy choices .

In order to accomplish this, we probably need more money rather than less, although we recognize, given the current political climate, that is highly unlikely.

In conclusion, I am constrained to add that if the federal government managed its funding in the same careful manner most school districts manage their drug free schools allocation, we wouldn't have a national debt. Educators stretch these program funds to capacity and generate the biggest human return possible for a minimal dollar investment.

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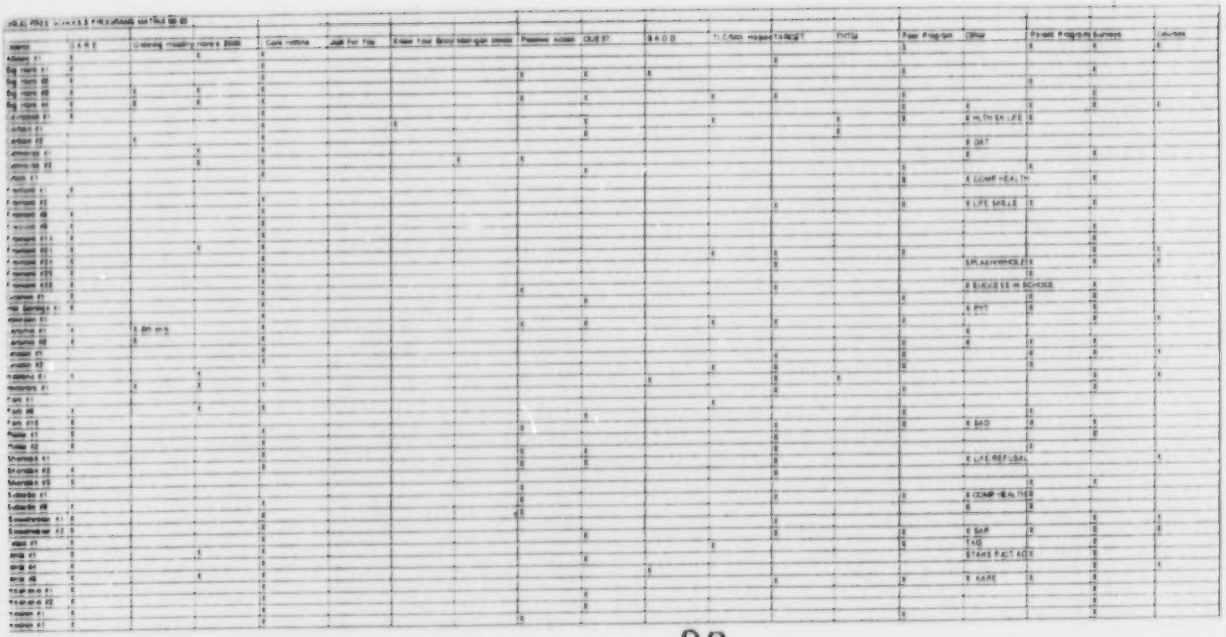

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Chairman OWENS. Ms. Karen Hayhurst.

Ms. HAYHURST. First of all, let me say I'm——

Chairman OWENS. You need to move the other mike.

Ms. HAYHURST. Let me say I really appreciate the opportunity to be here and anybody that knows me and what I do can tell you I get pretty excited about the things that our kids do and that Jo Hartman's folks from Sturgis came over when they were first trying to get their program going and they were due to stay there for 2 days, but we wore them out after a day and a half and they left. They left after a day and a half exhausted with so much information. Part of that is because—or I guess really the major reason for that is because really the kids that the money has affected—the drug-free schools' money and the fact that they are excited about what they do and what they offer to their community. And that rubs off in every way.

Let me speak first to some of my fears in terms of a rollback, to say, a block grant type of funding or an elimination of the funding. I think one of the things that will happen if that takes place is it will replace the present infrastructure that now exists to provide long-term improvements in terms of intervention and prevention. I think that's a major issue. The fear that the true focus and the value of prevention itself will be diluted by that process, and the fear that the focus will switch to communities where media has centered coverage or to larger urban communities where the risk-taking behavior is overt rather than covert as it appears in smaller communities.

The other thing I'd like to say is that through the efforts of the drug-free schools funds our district now matches with $8 every $10 that the Federal Government puts in. That was not the case in the beginning. And so what we're beginning to see now is that there's a commitment on the part of the community itself. This drug-free schools funding has been in place in this way for long enough now so that we're now seeing a real acceptance by the total community. And in an era when economics are a major problem for all of us to increase funding in this direction by any community shows a tremendous commitment. And that's what we're seeing happening. I think a change in the way this is funded at this present time will really undermine that commitment.

One of the things we find when we talk about at-risk issues is that in the State of Wyoming we had 98,000 students. And that would fit into what, 2 square miles, Chairman Owens, of your district. Every one of those 98,000 students is at risk. We cannot assume that they are not at risk. I think there's some basic misconceptions. I think that one of the misconceptions is that urban communities have more high-risk populations than rural communities.

You've heard a lot of testimony already today in terms of just sharing some information that that's not the case. We have a greater than average alcohol and other drug use. We have, in Wyoming, one of the Nation's highest teen pregnancy rates. That teen pregnancy rate is directly related to alcohol and other drug use. We have one of the Nation's highest suicide rates. That is also related to use of alcohol and other drugs. And we have an alarming occur-

rence of youth violence also related to the use of alcohol and other drugs.

There's an article that I want to point you to in the March 1993 edition of "Adolescence." There was a study done of 47,000 6th through 12th graders in populations of cities smaller than 50,000. Well, it doesn't include the inner cities, it includes only these young people that stay in school. The sample broadly represents middle America, the group that communities and people who have historically been thought to embody the American value system, norms, and spirit. One of the things that they found out is that 55 percent of those young people in the last year had been involved in a violent act that included either hitting or beating someone up, vandalizing, fighting in groups, hurting someone badly enough to require a doctor, or using a weapon to get something from another person. Those figures are alarming at best.

The second part is even more alarming for us who are working in the AOD professions and that is that youth don't take violence—it doesn't take place in isolation from other issues and the concurring risk factors are the use of alcohol, binge drinking, cigarette use, sexual activity, drinking and driving, riding with a drunk driver, and skipping school. Six to eight of those are directly related to alcohol and other drugs. So I think that it's really important to understand that as our communities change we're also seeing changes in how we view alcohol and other drugs in connection with those. I don't think we can any longer look at prevention as an effort in and of itself. We have to look at it as a community-comprehensive issue with other at-risk issues.

I think any community that's located like Gillette is on an interstate is high risk as a drug zone in terms of what comments were made earlier about communities in smaller rural areas being equally as high risk, I think that's definitely true today. The drug traffic is easy to get to, and if you're on an interstate it's even easier to get that material to your constituents. The isolated communities, I think, are considered to be safer and in many ways they provide even higher risk because it's easier to use in isolation, the police forces do not have the personnel or the money or the time to seek out the production. Wyoming is a high methamphetamine producing State because of the isolated issues and that also increases other high-risk behaviors.

Maybe to put that in some perspective, the northeast part of Wyoming can be considered to be pretty close to the area of Maine itself. You know, if you talk about the size of this area, it's pretty mind boggling in terms of trying to ferret out the difficult situations which require police intervention.

I think there's a myth that low income is related to high risk. Communities such as Gillette and Rock Springs, for instance, in Wyoming have high populations of high income, but low-skilled families. Where the education level is low the parenting skills are low and they have children with lots of money, lots of leisure, and it's a formula for a community with a problem. And our drug-free schools money is the only intervention that some of those communities have available to them.

Also, there's no adequate treatment or there's not one halfway house, as a matter of fact, in this area and there are no treatment

facilities specifically for adolescents and those are big issues. So the problem, again, refocuses or must refocus back to the prevention stage where we have to look at prevention as the answer and outpatient treatment.

The solution—again, this is where I get pretty excited. It's not always an easy job in terms of what we do as AOD professionals. One of the things we have to look at is our own behavior when we sit in this chair and it's difficult without peer pressure to go to your faculty Christmas party and when you walk in the door the faculty says, oh, here comes the drug lady. But that's what we're asking our kids to do, isn't it.

The kids aren't the only ones that face the peer pressure, but in teaching staff and community folks we also ask them to role model differently for our kids and that's an important aspect of what this money does.

I think the present funding allows each community to maintain autonomy and consistency in building awareness and prevention. It allows smaller schools to network and pool resources. I've already talked about our networking with Jo and with Sonny, but we network with a minimum of 15 other districts in order to share what we have. Even though our community is not large, we receive more funding than many of the other very small communities like the $8 community that you were speaking of or someone was speaking of earlier. That community is a community that we network with or could network with to share the information, the programming, the skills, and the student values. And I think that that is happening more and more and that's one thing that has happened with the drug-free schools money.

To sidetrack that a little bit, I want to say that one of the nice things about the way the funding is set up and what's happened in the programs is that there's not a lot of jealousy about the programs that have been developed. People are proud of what they do and are willing to share that with whoever needs that information and we found that is true across the country. We've gotten a lot of support from the western regional center where we are and those people are good networking resources for us to go to when we feel like we have a gap, too.

A major key to the success of any program is going to be the advisory board. And the way the funding is currently set up they do request us to put one in place and for us it has been an opportunity to draw from the best resources in the community to support the program.

The benefits for Campbell County specifically have been that we've been able to offer opportunities for young people for training and education in relation to AOD issues, but also in related risk issues.

What's really exciting about it is to see now that it's coming from the kids themselves. Like I've said before and that the drive itself to bring that information to other students, the information that, yes, you can have a good time without going out to the reservoir and drinking and bringing the keg with you. There are lots of other fun things that can be done. I think that's part of the education process. And we also have to educate adults in that way, but kids

are now changing that milieu. They're changing the ideas for other kids. They're touching lives and they're changing behavior.

In 1992–1993, 130 trained leadership high school students reached out to 5,328 students and adults in our school and community. That's a lot of bang for our bucks, I think. It includes parent involvement. Our parents are involved as group facilitators, they're involved as teen trainers, they're involved on the advisory board, they're involved in every way. So, again, you have the community ownership.

I brought posters today to show you some pictures of some of the things the students have done. But Campbell County also has offered opportunity through the drug-free schools funding for students to letter in leadership. These students are role models in their community. This is one of the most important things I think we've done. It gives students an opportunity to be recognized, not just by the school system, but by the community for their efforts for giving something with nothing expected in return basically. That giving is directly related to prevention of alcohol and other related issues and it's also about how they feel about being a community member. It's about how do they feel about their fellow man and I think we've lost touch with a lot of that in our society today. It's become a very difficult hard place to be for many people. And I think with the opportunity for kids to give something with nothing expected in return has been a wonderful opportunity to develop some real—maybe—I was going to say old-fashioned values, but it's a different world for them and I think that's where their excitement comes from. The thing that it gives them is self-esteem. They can't believe how good they feel about themselves and they can go to a party and not drink or they can have a party without the alcohol there. Or they know that it's okay to not be sexually active, they feel good enough about themselves. They know the risks involved in drinking and driving and they can talk about that to other kids without being ashamed of that or feeling bad about peer pressure against them.

We do evaluate with hard data, too, what we do. It's more than just emotion and it's hard, I know, to develop an evaluation for leadership skills. But we evaluate with both hard data and soft data. We evaluate with hard data in terms of how does it connect to their discipline, their school attendance, their grades, and in almost every case for these leadership students and the students that they touch we see an increase in school functioning, we see an increase in their attendance and we see a decrease in the discipline. We have high school students matched with elementary students and we see the same correlation with those elementary students when we match those students. When those students have a mentor that they can talk to and be with, those students' discipline goes down, their attendance goes up, and their grades come up.

We do an evaluation in terms of our use. It does take 7 years, they say, to see changes. The one place that's really interesting that we've seen the change in—and I think that's due to both the national effort and the local effort—and that's the drinking and driving which we had a tremendous problem for and we've seen a reduction in that. But that's what our hard data gives us.

Our soft data is the data that's the satisfaction surveys. That is, how do you feel as a student about being a part of this program and what does it do for you. And we get answers back like, "I'm proud of who I am." "I can speak to my peers about what I believe without being ashamed." "I can talk to my parents." "I feel better about my relationship with other kids." "I've learned to resolve conflicts with my teacher without becoming antagonistic." How can you beat that kind of response? I think the soft data is equally as valuable as the hard data.

I would invite you to really encourage your colleagues to continue the type of funding that we've had available to us. The way that it's divided, the way it's provided for the schools has been effective and we're just now seeing some tremendous results from those efforts. And we're just now getting good at what we do, you know. We're just now figuring out what our jobs are. Give us chance to do what we're now doing well and that's what I'm asking.

Thank you.

Chairman OWENS. Thank you.

Mr. Broesder.

Mr. BROESDER. I appreciate the opportunity to present testimony concerning the Drug-Free Schools and Communities Act. In addition to testimony submitted I wish to make the following brief comment.

I'm a high school counselor and basketball coach in Lovell, Wyoming, one of the small communities that make up a part of the population of Wyoming. Lovell is typical of most small communities in Wyoming. It is experiencing a depressed economy. The main street is full of boarded up businesses. The only business that prospers in such times are bars. Bars are and have been a popular place for social gatherings for many small towns in the west.

In the old western movies the cowboy comes riding into town on a well-lathered up horse, rides up to the hitching rail, tethers his horse, enters the saloon, and says, "Give me a bottle bartender." The code of the west is alive and well today. Only today, rather than horses, one sees four-wheel drive pickups with gun racks in the rear window and a sheep waiting patiently in the back parked in front of the bars. It has been well documented that in tough times bars have better business.

We, in Wyoming, are experiencing tough times. Pride is all that keeps many of our small communities alive. The community may consist of only a post office, a bar, a grocery store, and a school, but is enough for the community to maintain its identity. The heart and soul of these communities is the school. There has been talk of consolidation in Wyoming of the smaller school districts, but those are fighting words to these small communities. When the school goes, the community goes.

One area that helps the small Wyoming community maintain its identity is its high school athletic programs. The pride of the community rides on the success of the high school football team or the basketball team. Unfortunately, a great deal of pressure is put on our young men and women to excel and achieve in those areas. It puts a great deal of pressure on the coaches, also.

The severely depressed economy, the decline of businesses and the extreme isolation of many of our small communities enhance

the problem created by the use of tobacco, alcohol, and other substances of abuse. A favorite amongst our teens is the inhalants. They are inexpensive, accessible, and unfortunately, most damaging. Alcohol was the substance of choice for most of our teens. Steroid abuse is prevalent amongst athletes because of the inordinate amount of pressure put on them to excel and carry the banner of identity for their community.

Our problems are not unlike those of inner-city America. The causes may be different, but regardless the problems exist. How do we attack these problems? Because the schools are the heart and the soul of community, it is through the schools that the battle must be waged. The State of Wyoming has been unable to provide adequate funds in an effort to wage this battle. Fortunately, the Federal dollars received by these small communities through the Drug-Free Schools and Community Act enables them to attack the problem. The amount received by many of the smaller districts is not much, but through the process of networking with other small districts and some of the larger districts, training and programs are made available.

We have the same problems as inner-city America. Teen pregnancy, low self-esteem, substance abuse, gang-related incidents, increased violent acts and so on. What we don't have is the big-time media attention. Because of the Drug-Free Schools and Community Act funds many very good programs have been initiated: DARE, I Care Hotline, Target, Teen Leadership training, parent program, to mention a few. And because of the process of networking, the smaller school districts are able to benefit from these programs. If at all possible, these funds should be increased. Should they be lost, it would be devastating to all the schools of Wyoming and particularly the smaller schools.

The code of the West is a great standard for survival, but "Give me the bottle, bartender" is not the answer to tough economic times. Our schools are the primary source, and in most cases, the only source that provides the information that allows our young people to make better and more responsible choices. On behalf of all the school districts and particularly the smaller school districts of Wyoming, I ask that the Drug-Fee Schools and Community Act funding not be changed. If anything, that it be increased so that we can work at preventing rather than trying to find a cure.

Just on a personal basis, I'm so thankful. This is my first year as a counselor and I'm so thankful that I had the good fortune to meet Karen at the onset of this year and, as you might be well aware, her enthusiasm, her dedication is contagious. And we appreciate her very much in the State of Wyoming in the job that she does and the leadership that she provides. And I just appreciate her a lot and the things that she's done.

Thank you.

Chairman OWENS. Thank you.

[The prepared statement of Karen Hayhurst and Sonny Broesder follows:]

STATEMENT OF KAREN HAYHURST AND SONNY BROESDER, WYOMING DEPARTMENT OF EDUCATION

It is our honor and privilege to present this testimony concerning the Drug-Free Schools and Community Act. These funds provide an invaluable service to the

schools and communities of Wyoming. Tobacco, alcohol and other drug/substance use is not unique to urban settings. Wyoming, as an isolated frontier State, suffers from these same problems. The severely depressed economy and extreme isolation, exacerbates the severe problems created by the use of tobacco, alcohol and other drug/substances. It is extremely important that the educational and preventative focus not be lost. Our contention is that if Drug-Free Schools and Communities funds are made a part of a block grant that this focus would be diluted or even eliminated.

Wyoming has been unable to direct general funds to this effort, and as such, these Federal dollars are the main resource available to decrease or eliminate drug use. Through the use of these funds, many outstanding programs have been implemented in Wyoming. Campbell County School District has maximized use of Drug-Free Schools funding not only for Campbell County but shared training and programming with surrounding districts who receive extremely limited funding. Drug-Free Schools funds allow for resource networking by various districts. Carbon County School District #1 provides group support for troubled youth. Many facilitators have been trained with Drug-Free Schools money to assist these young people. Support groups deal with such varied issues as parents' divorce, child abuse cases, alcohol and drug recovery support, self-concept issues, suicide prevention, and teen parenting. Laramie County School District #1 has developed a reading curriculum with its funds for at-risk junior high students. The reading program consists of appropriate reading level materials and presents information concerning the problems of being involved with tobacco, alcohol and other drug/substance use. These students are excited about learning, possibly for the first time in their lives, and thus changing their belief systems concerning use of these drugs and are improving their reading skills simultaneously.

Gang related problems are being identified and addressed in several communities to work on violence abatement. Fremont County School Districts are focusing upon inhalant use. Alcohol is the drug of choice for most young people, but in some areas, particularly on the Indian Reservation, when alcohol is unavailable, or more expensive, the use of inhalants is increasing. Youth will inhale such damaging things as whiteout, spray paint, contact cements and gasoline, all of which are easily and cheaply obtainable. Fremont County schools are seeing youth in their schools with brain damage as a result of this inhalant use.

All school districts have access to the I CARE Hotline which provides confidential support and advice to troubled youth. Often in small communities, the youth wish to remain anonymous and therefore have nowhere to turn for help. The hotline deals with everything from talking to lonely youth to suicide prevention. One key to preventing drug use is to improve the feelings of self worth in young people, a goal all districts are working toward and of which this hotline is an important component.

Wyoming has one of the highest teen pregnancy rates in the country. That, coupled with a high suicide rate, indicates problems in our frontier State setting. Very limited resources are available to troubled youth in small communities. The Drug-Free Schools and Community Act funds are distributed on a formula basis and one small school district, for example, receives as little as $539 for 40 students. The lack of resources is compounded because these communities are isolated, often up to 100 miles away from the nearest community. Shortfalls in the State Foundation Fund mean that support for needed programs will not be forthcoming from the State. Often, community resources are non-existent because individuals have extremely limited resources due to poor economic times. Partnerships are extremely difficult to form between schools and the community under these adverse conditions. The community may only have a local post office as its sole enterprise. Community recreational facilities do not exist in most Wyoming towns and the nearest mental health facility may be up to 100 miles away. These meager Drug-Free School and Community funds are often the only hope these people have.

Because of the shortage of funds available through both the grant and other resources, Wyoming relies heavily on the services of the Western Regional Center at both the State and school district levels. We have been very pleased and enthusiastic about the invaluable assistance we receive for training, materials, resources and technical assistance. We would hope that this asset remains available to the Western States, many of which are frontier States with few internal resources.

Included as part of the Drug-Free Schools and Community Act are those funds directed to the Governor's use. These funds provide Drug Abuse Resistance Education (DARE) training to all school districts in the State, and provide for training of DARE officers. Approximately 50 percent of the Governor's portion of the Drug-Free Schools and Community funds provide direct services to high-risk youth in the State with flow-through moneys. For example, the Carbon County court system utilizes these funds to provide counseling and training to youth as an alternative to

placing them in jail. Likewise, the Casper YMCA uses these funds to provide a pivotal role in a youth diversion program for Natrona County. The YWCA in Rock Springs provides an after-school program for latchkey children who otherwise would be unsupervised. These programs provide crucial services that would otherwise be unavailable to youth, services that save correctional costs in the future.

Commercial programs and adopted curriculums used in the State and supported with Drug-Free Schools dollars include Student Support Groups, Teen Leadership Training, Peer Mentors/Tutors, Teen Theater, Peer Support Class, and others. Students are changing their behavior through participation in this program. They are learning skills for a lifetime! Without designated Drug-Free Schools dollars these young lives may not reach their potential or become contributing members of society.

It is extremely important that funding the Drug-Free Schools and Communities Act be continued and if at all possible, that these funds be increased. Prevention is hard to sell, but prevention dollars save many more dollars than are eventually required in corrective action. Results are not always immediately noted, but years from now, we will realize significant progress in our war on drugs. We must continue what we have started in order to reap these benefits. We must be in this for the long-term rather than lose what has been accomplished thus far. It is our belief that as a result of the Drug-Free Schools and Communities Act funds, there is a national infrastructure that is now in position to provide for long-term improvements. If these Drug-Free Schools and Communities Act funds are all rolled into block grants, this extremely valuable and irreplaceable infrastructure will be lost.

Chairman OWENS. Thank you all and I yield this part to Mr. Barrett for questions.

Mr. BARRETT. Karen, you've talked some about student teams in the past and I think you also have mentioned student teams in your written testimony. Can you walk the subcommittee through exactly how they work?

Ms. STEVENS. The school community team?

Mr. BARRETT. Yes.

Ms. STEVENS. I can walk you through a general—we offer to any school district, at a building level, the opportunity for school/community/teen training. And that school would designate a cross-section of people, a couple of teachers, some community representatives, perhaps a policeman, a parent, they would come in and be trained in what does a comprehensive drug program look like. And we would examine issues like policy, assessment, curriculum for 3½ days with people onsite and each—after each lecture or after each discussion these teams go back and with a facilitator begin to analyze and think about their community so that they draw up an action plan while they're there. Then when they go back we put them in touch with the person who is in charge of administering their drug-free school dollars to volunteer those people as part of the advisory group for the drug-free school dollars. So we try very hard to use the Governor's Discretionary fund which supports that training primarily and our dollars together.

Once that team gets back, optimally that team would be part of the advising of what best meets our school and our community's needs and where do those drug-free dollars need to be spent this year. They develop that plan that then comes in to me for how they're using their dollars.

We try to provide on-going support for those teams by cluster meetings so that one of our staff can be out and some of our prevention people that you're going to hear from in a few minutes will go out and work with those teams to provide them some on-going support. But the real purpose is to give them the bigger picture of what comprehensive programming looks like so that they are able

to go back and then figure out where the dollars can best be spent for their individual school district. And as you heard from these people, it's really quite varied and what those teams come back with are quite varied, but the initial intent is the same; to build that capability at a community level.

We have about 338 trained teams now in the State. We just finished a training with another 17 2 weeks ago.

Mr. BARRETT. Good. What about the consortia process? How are they formed—how do you form them? What are the administrative duties of the consortia—just walk me through that for a moment?

Ms. STEVENS. Okay. Okay. I don't form consortiums. I just try to facilitate their ability if they wish to be a consortium. It has happened that 17 of the 22 consortiums tend to be at a service unit. Right now is a good time to walk that through because at the beginning of a 3-year cycle I wipe my data base clean. Every school district has the opportunity to decide if they want to fill out the application that I have or if they want to join a consortium. In a couple of cases two schools have joined together to fill out one application, but in the majority of the cases the schools cluster around the educational service unit that already exists delivering them other services in the areas of math and science and education. But it's the school's choice as to whether they want to be in any particular consortium or they want to work independently.

Once that consortium is formed then only one plan comes in for the consortium members. But, again, they're quite different. In some cases those consortium leaders require every school to have a plan that they look at. In other cases they have one overall plan for the entire consortium. I try, as a State person, to allow those consortiums as much independence as possible in compliance with the regulatory guidelines I get from the Federal Government. There are some parameters that they must stay within, but otherwise we pretty much let those consortia develop what they think is the best use of those funds and try to provide the training and the assistance in whatever they've identified.

Mr. BARRETT. Who shares in the administrative chores? Who speaks for the consortia, one person, one school?

Ms. STEVENS. I have a consortia contact person so that I can communicate with that person who will disseminate information to the school districts. Generally, it is a staff development person who has been identified at the service unit who tends to be a staff development person. In very few cases, in fact, I think there's only one, that it's an outside person who has been receiving drug prevention dollars to administer this activity. We have very low administrative costs. Most of the costs go into services. In some cases it is a school person who chairs their advisory committee who is my contact person. As a State contact I rely on one contact person to mail out materials to disseminate to that consortia leader who then disseminates out to the network and we use that approach to try and get to those 700 school districts in some consistency so that I can make sure that they're getting all the information they need.

Mr. BARRETT. That helps.

Josephine, I think in your testimony you talked about 14 risk conditions. Can you provide us with what those 14 conditions are

and what were 13 conditions that Sturgis met during a motorcycle rally that was found in your testimony in your area?

Ms. HARTMAN. This comes primarily from alcohol abuse theory and research. And, gosh, I should have brought those with me. I don't have them handy.

Mr. BARRETT. Could you provide them to the subcommittee?

Ms. HARTMAN. Yes. Yes.

Mr. BARRETT. Would you?

Ms. HARTMAN. I certainly could. Yes.

Mr. BARRETT. All right. That's great. That will help.

Ms. HARTMAN. Could I address the question that you just asked Ms. Stevens a second ago.

Mr. BARRETT. With the Chairman's permission, certainly.

Ms. HARTMAN. One of the things that I'm responsible for in our district is the Eisenhower funding for math and science which is operational on a consortium basis. And one of the guidelines is that if a school district receives less than $6,000 of Eisenhower funding they are required to collaborate with other districts to bring them above that $6,000 level. And this has worked out very well. If you're interested in looking at the Eisenhower funding approach, I think that does have broader applications. Because, as you mentioned with the $8 that goes to one school district, I would be interested to see what they did with $8, too.

Mr. BARRETT. I can't find an answer.

Ms. HARTMAN. Apart from making a—they might make a phone call to Karen, but that's——

Ms. STEVENS. No, those—I have to interject here, though. Those people with the $8 are not administering those $8. They're members of consortiums and what they're doing is parlaying those $8 into probably $8,000 worth of services as a member of consortium. And if you look at the data base which I brought along, you see that we don't have people under—I think the smallest one is several thousand administering their own programs. So that $8 really is being parlayed into a group effort.

Mr. BARRETT. A good Chamber of Commerce answer.

Josephine, how far are you from the nearest treatment facility in Sturgis?

Ms. HARTMAN. The nearest treatment facility is in Rapid City which is about 28 miles from us and it's quite difficult to get anybody in. They, too, have a waiting list unless it's a crisis situation.

Mr. BARRETT. Thank you.

Karen, how far are you from a treatment facility?

Ms. HAYHURST. That's a tricky question and it's a political question. We have a facility which says they treat adolescents in Gillette at the local hospital and I am a little hesitant to answer that in any exact way, but it's really inadequate for treating alcohol and other drug issues. There is not a facility there really to do that. They work on the basis of dual diagnosis which means a student either must be diagnosed or must have a mental disorder in combination with. There is also a hospital in Crestview—at Crestview in Casper, there's one which is 110 miles away. One in Billings which is 250 miles away, one in Rapid City which is 130, those are our closest facilities, none of which have a specific adolescent youth——

Mr. BARRETT. What assistance, if any, do you folks in Wyoming get from Western Nebraska Regional Center? Any at all?

Ms. HAYHURST. We don't pull out of Western Nebraska. Our region is the Western Regional Center out of Portland. If you're talking about——

Mr. BARRETT. Out of where?

Ms. HAYHURST. Portland.

Mr. BARRETT. Portland?

Ms. HAYHURST. Yes. Nebraska is a little closer for me, anyway, but if you're over by Salt Lake it may not be.

We've gotten wonderful assistance from them, actually. They've provided materials and training. One of the things that was mentioned very briefly this morning that's becoming a real major issue for education is fetal alcohol and other drug effects and that training is imperative and the Western Center has done some real pioneering in that area and they've been very good about helping us with that as well as the other traditional types of training which include the basic student assistance training, et cetera. Our staff is well enough trained now where they provide the basic student assistance type of training for the most part, but the Western Center has been a wonderful resource for us. In the last couple of years it's been those specific areas. We really need that help and those resources because we don't have them available.

Mr. BARRETT. I notice that all of you emphasize training, as it should be. But I think, Mr. Broesder, you suggested that you had been a counselor for 1 year; right?

Mr. BROESDER. That's correct.

Mr. BARRETT. What kind of training do you receive to become a counselor who can identify drug and alcohol use?

Mr. BROESDER. Karen and I were talking about that last night and she was talking about her husband having a certain certificate that allows him to teach because just through experience and without the proper education and I made the comment to her that I think we all have that certificate. I think the training that we get in college oftentimes it is negligent in providing us with the information or the skills that we need to deal with these things. We learn these things in the field. I learned more in 1 year of counseling than I did through my master's program. I think that they set up some ideal situations and some nice pat things, but that's just not how it is when you get out in the field. So we learn through experience and fortunately, as I mentioned, we have people like Karen that's already out there that, you know, she's gone through it and she's able to identify maybe where we're at in a lot of these areas and she's able to provide us with the help and the information that we need.

Mr. BARRETT. Well, let's pursue it one step further. Karen, what kind of training did you have? Do you both have a certificate? Does it require 6 months training, 1 year? Share it with us.

Ms. HAYHURST. I think it requires heart and commitment. And I hesitate to say that because I'm a real believer in professional education. I, too, have a master's degree, plus my 16 hours in administration, but I have 450 hours in alcohol and other drug education. And I don't think that's nearly enough, okay. That's more than enough for my specialist certification. I am a licensed profes-

sional counselor in the State of Wyoming above and beyond my school certification so I have a lot of training, but I don't think that training amounts to a whole lot. Yes, it helps. I'm not saying it doesn't help. What I'm saying is, I think getting into the field and working there, especially where we're talking about drug-free schools and communities.

For instance, I have a teacher that works with me who has a little counseling background, but has an interest and commitment and over the last 5 years now has tremendous AOD education and I think the kids would be pretty lost without her assistance. But the commitment and the heart is there. So I'm answering this like a politician, saying yes and no at the same time.

I think that to put a program into place it's imperative to have training. It's imperative that all of your staff have basic education in alcohol and other drug-related issues. When we talk about other-related issues, we're talking about HIV/AIDS, we're talking about teen pregnancy, we're talking about suicide, we're talking about violence.

Mr. BARRETT. Sure.

Ms. HAYHURST. But does your coordinator in any one of our positions need so many hours of education?

Mr. BARRETT. Is it hands-on training?

Ms. HAYHURST. Yes.

Mr. BARRETT. On-the-job training?

Ms. HAYHURST. Yes.

Mr. BARRETT. It's learn by mistakes?

Ms. HAYHURST. And I guess that's——

Mr. BARRETT. Hit and miss perhaps.

Ms. HAYHURST. Well, what I was saying in the end of my talk is we are just now getting pretty good at that.

Mr. BARRETT. Yes.

Ms. HAYHURST. But can I say that 15 university credit hours is what you really need to get started in this? What I can say is, for counselor educators in certified programs, they do need at least one course that concentrates in this area which they are not required to have now. So I would say that every teacher that comes out of a university or college with a teaching degree should have at least one course if not AOD-specific, at-risk specific. I teach a course to student teachers. Every time we have a new crop of student teachers come in they have to spend 2 days with me talking about at-risk issues. And they are heavy issues. It's a hard 2 days when you talk about things like suicide and alcohol and drug-related violence and all those other things that may happen.

Mr. BARRETT. Sure.

Ms. HAYHURST. But they look at me at the end and say, this is the only information I've gotten in 4 years. Where were the professors? So those are the recommendations I could make. I think every person in education needs to have some of that background. I think every counselor who is trained needs to have some of that background to be certified.

Mr. BARRETT. I appreciate those answers. I truly didn't know what was involved. In fact, I appreciate all of the testimony here. I think it was excellent.

Thank you, Mr. Chairman.

Chairman OWENS. I have a question here, instructions from my staff that I'm supposed to ask, but I think you answered it already. What are some of the criteria you might suggest for identifying at-risk youth that would better reflect some of the risk factors for rural youth? I think you've emphasized the fact that to focus on at-risk youth and try to identify at-risk youth is self-defeating, that you really want to deal with the program in a broader arena and prevention should go in that direction. You might comment on that later on if you want to, but I'm going to change my question to one which is addressing the broader arena. And I think, Ms. Hayhurst, you saw it on my face as you were describing the old-fashioned values soft program and I call it the old-fashioned values and the emphasis on self-esteem and a sense of self worth. I was smiling because you're preaching to the committee. I have taken some courses in education and was studying to be a teacher, also, and I know that self-esteem and a sense of self-worth all that goes into motivating students, that's more than half of education. Once you get them motivated, you've got the problem licked. You're preaching to converted, but we converted have to go back and deal with some pretty cynical and hard-nosed people. So for all of you, I think you, Ms. Stevens, says prevention can be evaluated. You made a strong straight statement that you can evaluate prevention.

What I'm asking all of you is to help us by giving us a little more detail in how you do that. How do we explain that to the members of Congress who think the program is too soft? How do you explain that to people who look at our hearings so far and surmise that we don't have any programs that are really able to describe what they are doing that works in terms which really are impressive. We don't have enough. So the hard data, you know, you saw what I was thinking when you said, you do have hard data, discipline has changed, you know, we have less discipline problems, school attendance has improved, grades go up. You know, you don't have to explain all that now, but we could use some actual statements which studies, evaluation records would show that that has happened. You know, we can show that discipline did go up in a certain number of children and that discipline was a problem in a certain number of children, grades did go up, et cetera. We need that for the record. We need it very much. So any of you who want to address that in a little more detail, I'd appreciate it.

Ms. HAYHURST. One of the best ways to evaluate a program, I believe, is to take a look at your national drug-free schools' recognition award applications. Have you taken a closer look at that? Does that come out of this committee? If you haven't, I recommend that you do. It's like doing an IRS audit. Okay. It is a tremendous experience to go through and it forces you to evaluate that program in detail and really look at where the successes and the failures are.

In 1992 we were fortunate enough to be a national drug-free schools award winner, but we had gone through that process twice. Moreover, the application itself is rigorous and I'm sure others can testify to that. So you really have to look at very specific issues around what the funding was designated for originally, very specific issues around that, and whether or not those things have been done and whether or not they're successful. And then they send two people out to see if you're really doing what you're saying

you're doing, right. And they talk to everybody. I know the team that was out last year even talked to the grocery store owner right near our campus—our high school campus to see if in fact the kids were behaving and doing the things that we said they were doing and the way they were behaving. So in terms of evaluating and taking a look at the successes and the failures, that's a tremendous way to be able to evaluate that. And can we furnish you specific information about our own districts? You bet.

Ms. STEVENS. I think the challenge is that with so many different State programs it's difficult at a Federal level to get the same numbers because we're doing different programs and that there somehow needs to be some flexibility rather than forcing each State to come up with the same numbers for the same children because then it gets away from that individual approach.

In Nebraska I think we're feeling pretty comfortable. If you look at districts who are implementing the comprehensive plan, we put our emphasis on parent involvement, assessment, curriculum and on youth leadership. If we see schools that are doing that, and then allow a monitoring on a yearly basis for a longitudinal period, we see those comprehensive programs are showing a reduced use. And if we can get that kind of data and yet allow those programs to decide whether they're going to purchase a curriculum, to infuse a curriculum, to have a youth group or to have peer mediation. Let schools decide what they want to do, but within the framework of a comprehensive program and then be able to evaluate what's happening. Over the period of 6 years that we've been doing this, we are seeing that this approach works. I think Tom has some research at a national level to show these comprehensive programs work. The ticket is how do you then show more skeptical friends things without having to count specific—we call it bed count—of specific kids already using and how we've treated them.

Chairman OWENS. Ms. Hartman, you used a very poetic term, building resilience. Is that a curriculum and whole program? It builds resilience?

Ms. HARTMAN. Basically it's a total educational approach that many students who have considerable at-risk factors still emerge unscathed from adolescence and are able to function as very worthwhile individuals. A lot of research has been done on what discriminates between a student who has the at-risk factors and indeed succumbs to circumstances and a student who has the at-risk factors almost identically and is able to withstand. This is the approach that's sort of a broad-brush approach in which we look at building self-esteem in students, making them responsible for their own education and basically their own destiny instead of being students to whom education is done to and for. It's done with in which they actually adopt some of the responsibility for what happens to them. Another factor which builds resiliency in students is when they have an individual—an adult—whom they can go and talk to, whom they can trust and who will give them some guidance and assistance. So these are three of the factors that I can think of just initially that deal with resilience.

I think instead of addressing specific at-risk factors what the prevention community and indeed the educational community is com-

ing around to, in general, is building strength in students so that they can resist these at-risk tendencies.

Chairman OWENS. I think you all agree. You seem to all have had a good experience in terms of community acceptance of the programs. You all seem to emphasize that this program has allowed you to take leadership among government agencies and do some cross-coordination and lead that effort. I find that new in terms of on the east coast the programs seems to have gotten lost completely. In New York City we can hardly find where the programs are. So much of the money was used to just take care of a budget cut and recycle other people who were being cut into that and it's just gotten lost completely. A total disaster. In some other places good programs are running, but the communities are ignoring them. So I thought it was very interesting that you find you've gotten great acceptance from the community and you speak very highly of the use of advisory boards and the effectiveness of those. So I want to congratulate you on having achieved something we have not picked up in other programs at other hearings.

Let me ask just one question about the other item that you all agree on, that the funding mechanism that we presently use should not be altered or tampered with. We want to continue things as they are, the infrastructure that's there now, you want to keep it. Yet, there are troubling facts that you've presented; $8 going to one school district is ridiculous. That's just the extreme, but there are other small amounts that make it clear that there needs to be some kind of floor, some kind of minimum funding. But since we have 16,000 school districts across the country, if you did it in terms of school districts and all the varying sizes, you're going to have ridiculous situations where a school district may get a very tiny amount of money.

People are always wary of mandates. Should there be any mandates placed on this in terms of the kind that somebody mentioned before that you must have a minimum amount of funding, otherwise you must go into a consortium. If you don't have enough population to justify a certain level of funding the State should run the program. Should we leave it to the process, where consortiums are really entered into voluntarily. You gain a great deal, I guess, in that process.

Ms. STEVENS. From the Nebraska standpoint, I have not felt the need for the drug program to fall into the same mandate to put a school district in the Eisenhower program because of the requirements to administer drug dollars. In order to administer those funds, the requirements that we have as a department to turn in an application and a comprehensive 3-year plan are such that it becomes impossible for a school with $8 to do that on their own. The determination to participate is through a consortium effort. It would be nice if every school had a floor, but realistically given the economic conditions it's hard for me to advocate more money for 700 school districts. Given that factor, I think that $8 is well spent because the school, at least, gets the benefit of the information and the cooperative venture that's going in that consortium by joining.

I didn't mean to mislead the committee by implying that because we have such small amounts of money, those schools are out there operating a program independently because they decide it is not

possible because of the paperwork that we require in order to administer funds.

Mr. BROESDER. I would rather have $8 to spend and determine how that $8 was to be spent rather than have maybe $500 and have it dictated to me how I was going to spend that money.

Chairman OWENS. You think it's very important that they are able to decide what they want to do with it?

Mr. BROESDER. Most definitely. I think the thing that you'll find out about people from Wyoming, Nebraska and South Dakota, we're a very independent breed and we like to determine our own destination. And if we have $8 in our pocket and are able to determine how we're going to spend that $8 then we feel that freedom. If we're given a considerable more amount of money and are told how we have to spend that money, then we're more likely to give you that money back.

So I would say that I'd rather have the $8 and determine how I'm going to spend it, and I think we're a cooperative breed: we talk to each other, we communicate, and we work out situations like the consortium or—we call it networking. We don't have that yet, and it's something that I think that we need to strive for. But I think we have some small schools in our district that are working together. We bring in speakers and even they don't have as much money as our district and we don't have a great deal. But we've been able to band together and do some neat things. Again, we have the benefits of some of the larger districts that we're able to do things like team leadership training and so on. I would like to see the funding stay the same to where we're able to determine how it's going to be spent.

The other thing, if it goes into a block grant where someone else has control of it, I'm afraid that we may experience what you've experienced in New York. It may be provided for budget cuts here and there, and we may never see it. So I would like to see it stay the way it is.

Ms. HAYHURST. One of the recommendations that I can make to the committee, too, is when you put out the—initially the information to help a program get started, that booklet was helpful and I think that's been mentioned before. Something like that could be——

Chairman OWENS. Which booklet was that?

Ms. STEVENS. Learning to Live Drug Free, the curricular guidelines.

Chairman OWENS. Federal guidelines?

Ms. HAYHURST. I think one of the things that you might be able to do as committee is to either have one put together or have a group of people in each area get together and put one together in terms of recommendations for effectively continuing what's already begun. And maybe one of the things that can be placed in that would be guidelines to develop consortia or whatever we need to do, in order to get the smaller communities to be more effective with the money that they have available to them. Rather than say "this is the way you must do it," the government could provide an informational booklet that would be helpful. There has been some information that people have found to be really effective.

The answer is that what's effective for Sturgis may not be effective for Gillette, it may not be effective for Lovell, or vice versa. Within those helpful hints, the ability to structure programs to individual geographic and district needs is most important.

Chairman OWENS. We have a figure as to what Nebraska receives, about $2.4 million and Mr. Barrett's district gets $830,000. Do you happen to know what Wyoming receives as a State from this Act and South Dakota.

Ms. HAYHURST. It could be figured out pretty quickly.

Chairman OWENS. South Dakota, do you know what the total State allotment is?

Ms. HARTMAN. I have no idea. I know what our district gets, but I'm sure I could find those figures.

Chairman OWENS. Well, we could get them when we get back. I just wondered.

Ms. HAYHURST. Nine times 98 would be——

Ms. STEVENS. I think we have the State allocation between the two of us, if we can pull that out in a minute.

Chairman OWENS. For Nebraska we have 2.4——

Ms. STEVENS. I mean for all the States we have a list.

Chairman OWENS. For all of them, okay.

Ms. STEVENS. Karen, there's the State list for each State as to how much they're allowed for drug-free funds. Which States did you want? Wyoming and——

Chairman OWENS. Wyoming and South Dakota.

Ms. STEVENS. And you want to do the total for the State.

Ms. HARTMAN. For South Dakota the total for the State is $2,436,575.

Mr. BARRETT. That's the same.

Chairman OWENS. Roughly the same as Nebraska.

Ms. HARTMAN. And Wyoming looks like it's about the same, too.

Ms. HAYHURST. She's going to ask me to read this without my glasses. $2,420,000 is that the right State?

Chairman OWENS. Well, we can take a copy of that and enter it into the record. Thank you very much.

I just want to close with one note, Mr. Broesder, on your code of the west. When I was a kid watching the cowboy movies, as we all did, my conclusion was, as a result of that scene where the hero went into the bar, he asked for milk. Somebody challenged him then he had to beat people up——

[Laughter.]

Chairman OWENS. Our conclusion sitting around and talking about these weighty matters was when you grow up if you ever find a bar to go into since they didn't have bars in Tennessee—if you can find a bar to go into, the last thing we are going to order is milk.

[Laughter.]

Chairman OWENS. Since we can't shoot like Roy Rogers and Gene Autry and we can't beat people up the same way, we're never going to order milk. Talk about peer pressure.

Anyway, thank you very much and we've found it very useful. There are a number of things that you've said which I have not dwelled on which are sort of brand-new. You know, the whole business of the high-income, low-skilled families. On the east coast we

always equate high income with high education and the correlation of problems is low. It's very interesting that you say you are from high-income low-skilled families.

Thank you again for appearing. If you have additional recommendations you would like to submit to us in the next 10 days we would be happy to receive them. If we have questions of you, we may contact you in the next 10 days with those questions.

Again, thank you.

Mr. BROESDER. Thank you.

Chairman OWENS. Our next panel is Mr. Tom Barlow, Director, Drug-Free Schools, Mid-Continental Regional Educational Laboratory located in Aurora, Colorado; Mr. Maurice Twiss, the Director of Federal Programs, Shannon County School District, Batesland, South Dakota; Ms. Barbara Jolliffe, Executive Director, Panhandle Substance Abuse Council, Scottsbluff, Nebraska; and Ms. Desshia Ferguson, a Student at Gering, Nebraska.

STATEMENTS OF MR. TOM BARLOW, DIRECTOR, DRUG-FREE SCHOOLS, MID-CONTINENTAL REGIONAL EDUCATIONAL LABORATORY, AURORA, COLORADO; MR. MAURICE TWISS, DIRECTOR OF FEDERAL PROGRAMS, SHANNON COUNTY SCHOOL DISTRICT, BATESLAND, SOUTH DAKOTA; MS. BARBARA JOLLIFFE, EXECUTIVE DIRECTOR, PANHANDLE SUBSTANCE ABUSE COUNCIL, SCOTTSBLUFF, NEBRASKA; AND MS. DESSHIA FERGUSON, STUDENT, GERING, NEBRASKA

Chairman OWENS. We want to thank you for appearing here today to testify. We do have copies of your written statements and you should feel free to highlight any part of that that you wish. I know that we will allow you an opportunity to elaborate on any points that you want to elaborate on further beyond your testimony in the question and answer period.

We will begin with Mr. Tom Barlow.

Mr. BARLOW. Good morning. It is an honor for me to address the subcommittee. I was very pleased to realize when I saw the list that I know almost everyone here and have had over the course of the many years in education and prevention to have worked with these fine people for a long, long time. And I thought, this is great, I originally thought I was going to be nervous about this and then I thought, this will be just like a family reunion. So it really dismissed any anxiety attack that I had.

I'm really pleased to be here and really honored to address this committee. Also, I appreciate the time and energy and leadership that it has taken each of you to come here. So hear me also say, thank you for extending the leadership and the championing of the cause that brings you here to us.

I want to address specifically the questions that you asked me to address in both my written and oral testimony and I want to, for the audience, to state what those questions were.

The first question was similarities between urban and rural school problems. The second was the type of program sponsored by the midwest regional center and the midcontinent regional educational laboratory. The types of programs which have been most successful in rural areas is the third question. The fourth is my own personal experience with consortia agreements, and the last is

my comments and recommendations for perhaps legislative changes.

Just in summary, what I would like to get on the record is that a tremendous progress has been made. I think we have amply seen and heard testimony from the four previous colleagues that would indicate the breadth and depth of difference that has been made. Also, I would like to say that the similarities between programs whether we're talking about the Missouri Delta, or Tennessee, or Harlem, or San Francisco, or Gordon, Nebraska are all very, very similar and the similarities allow us as—what's the word I want to use—tactitional—I'm not using the right word—but people who depend on strategy, research and development to address problems. They're easier to address when they're similar and so as a generality I want to enter that comment.

I want to talk about the first question first, and that is the similarities between urban and rural districts. First of all, there is a huge problem with the classic denial. We don't have a problem. We don't have a problem, but we may drink too much alcohol, but that's not a problem. So it's a classic definition of denial.

Also, a great point in similarity is the fact of diversity. The communities across this country and certainly including within rural classifications are extremely diverse. If you go to the mining towns of North Dakota that maybe only have 400 people in them, they are not the same towns as Ewing and Orchard, Nebraska. Even though you have the same population much in the same way that inner-city St. Louis is not inner-city Brooklyn, is not inner-city Chicago, so within each classification there is huge amount of diversity as well. And within each of those there is a great likelihood of the disadvantaged adults as well as students, the underprivileged, the underserved not receiving the attention that they should.

Another factor in similarity is the isolation. Isolation between urban and rural figures and both in terms of geographic isolation, and that sounds strange perhaps when you're talking about inner city, but when you couple that with socioeconomic conditions that prevent people from having the money to buy a bus token, transportation is as difficult as it may be here in western Nebraska to travel 100 miles to a treatment center. So all of the factors of isolation—and I would add in that cultural isolation which certainly is a big factor. Poverty, unemployment, financial strain, underemployment are also similarities between rural and urban areas. As well as, and I've touched on this already, but the inaccessibility of services. Services too many times, when they are accessible, are parceled out. We make it very, very difficult for our so-called clients, the people we serve, to truly receive holistic service because they have to make ten stops to really get their questions answered.

Certainly another factor and similarity is inadequate funding. No one has the amount of money that they really truly need in order to address this. Certainly high need is a similar factor between urban and rural communities and schools. High rates of usage I want to touch on that for just a minute. Someone earlier said that between urban and rural communities the alcohol consumption rate on the part of teens is very similar. Let me give you the precise figures from the 1990 GAO report. In urban communities they

were 92.9—excuse me—92.2 percent of 12th graders had at some time or another used alcohol. In rural the figures are 91.3. So we're talking minuscule differences between the numbers of students in urban and rural settings who use alcohol. With cocaine, we've heard Jo talk earlier—Josephine—about inhalants, LSD increasing the usage patterns in terms of marijuana, methamphetamine labs Karen had also previously talked about. Those items are increasing in rural America and so even there is a disparity at this particular point, the disparity is beginning to be minimized a lot. As a matter of fact, between 1984 and 1988 the percentage of cocaine and heroine arrests in rural America increased by 20 percent inside of 4 years. So it attests also to that whole racketeering, the transportation, the interstate highway system which was originally designed to move people is these days immediate access to moving drugs up and down the highway.

In addition to other similarities is the high rate of violence. It is estimated by the National School Safety Council that 40,000 children take guns to school every day in this country. One in ten children—school-aged children—report having seen weapons at school and violence. Denver, my home city in between 1982 and 1992, crime on the part of juveniles, has increased 165 percent inside of a decade's time. So violence is clearly a major catastrophe and it is not sparing rural America any more than it is urban America.

Clearly what we see as a similarity is the need for good evaluation systems so we can track our students. I want to support, certainly, what I have heard—all of the three States mentioned earlier in their testimony that they have sound tracking systems. I support those notions and encourage Federal legislators to take a careful look at those systems because I think—and I will only speak in this particular sense, in particular with Nebraska because I know that one very well. It truly is an exemplary evaluation model that I don't know of another one like it in the country. And I do not mean to demean other State evaluation systems, I'm just saying I know Nebraska's well and I want to say the kinds of programs that are sponsored by the midwest regional center and the midcontinent educational regional education laboratory.

I can skip over this, part of the beauty in going midway in testimony is that you can say ditto, ditto, ditto to the things that have been said before, so I'm going to say ditto a lot here. But some key words are real important. Our training efforts, I really want to distinguish. I'm not talking technical assistance here. Many people equate training with technical assistance. Technical assistance in its classic definition is somebody comes in to provide a one-shot opportunity of advice and then leaves that community and never returns. That is the antithesis of what we provide in our comprehensive training.

Our training is comprehensive, it's systemic, it does not replicate or duplicate services that are already existent in the States, but in fact builds on and supports them. You're probably going to get tired of the terms capacity building and empowerment, but certainly in rural and urban America, that's exactly what has to happen. It is based on the notion of the best research and development and the best practices once in the field of how we build those capacities so that we, if you will, preserve communities that are in dangerous,

dangerous difficulties, in dangerous real threats of having the social fabric of the inner city and the of the Gordon, Nebraska and Orchard, Nebraska and Buffalo, South Dakota, and Medora, North Dakota truly having the social fabric ripped out of them. Our whole effort is meant to sustain that in terms of comprehensive capacity building and long-term relationship with those people.

I think it has also been said, but I would like to build on the notion, I think truly what our business is about is giving people the skills and the knowledge and the attitude that, yes, they do have what it takes to make the difference within their local communities; and then giving them specifically some skills and decision-making so that they can look at the hard data, that they can analyze it, that they can prioritize it knowing that they can't do everything all at the same time, but that they can prioritize and attack the critical issues.

I guess I would like to talk next about programs that are most successful in rural communities. I'd like to make a statement first and I want to quote a woman from—an elderly African American woman from the Delta in Missouri who said to me because I was so frustrated that we have not been able to penetrate that area much to this point and she looked me square in the eye and she said, "You aren't ever going to get down here to do a whole lot until you have family buried in the cemetery." There's that whole sense of it's very, very difficult. It's a matter of trust building, people across rural America and inner city and every place else are very, very less likely to allow you to offer your support unless they really know that it's truly genuinely meant as a capacity building, that there's not a hook in it that sometime, somehow is not going to rip something away from those communities. Programs that are successful are those that build trust, that build support, do not replace, do not create enemies by going in and duplicating services that are already being well done.

Let me build on Karen Stevens' testimony. Karen talked to you about the school community team toward a drug-free Nebraska program. It would be ludicrous for us as a regional laboratory and/or as the regional center for drug-free schools to come in and replicate that. The best thing we can do is to support those notions in every way we can and offer our services in a systemic fashion to support the things that Nebraska and the other States aren't able to do for themselves to the degree that they wish to do it. All of our work is knowledge based; all of our work is attitudinal based; all of our work is skill based believing that until we actually present children with enough information that they're able to change their own attitudes that we'll ever get them to begin to change their behaviors.

And it is very important for us to honor the social fabric of the community, the—what do I want to say—the cultures that are there in the communities, we never go in isolation to deliver training that does not take into account the cultural—the multi-cultural diversity of communities and that's real key to our work.

My experience with consortia agreements has been personally—I've directed one of those consortia that Karen was talking about. I served as a director of the Toward a Drug-Free Nebraska in its early inceptional stages. The key as to why they work is you've

heard them from Karen and others, but they pool resources, they allow people to capitalize on the networks established in those. It's long-term programming. AOD coordinators are not necessarily people hired from the outside, but they are already people in the system, people like the staff development people that Karen referred to. These are people who are already strategicians, they're people who know how to make decisions based on the hard facts in front of you. And so I clearly support the notion of consortia and I also heard the Wyoming folks talk about how we're independent out here. I support that notion as well. The consortia does not need a lot of mandates, but they do need encouragement to network.

Also, I think this is a new statement, it allows them to technology share. If you visit northeastern North Dakota you can, from one site, talk to five sites—rural sites—through technology. That is absolutely totally interactive, it's voice activated, everybody can see everybody. We need that kind of capacity, that distance learning capacity to break down the isolation to get to communities that are never going to maybe let us come to them in any other way.

My recommendation—because I think I'm sliding into those already, so I'll point this out—is that from my perspective I think it would be very beneficial for small school districts to receive a base allocation, a minimum floor, but do not hear me say that I'm equating that with mandates saying you have to spend it precisely for this or for that because rebellious, independent, inner America would not like that and it would find it very difficult to work with very well, I think. But a base allocation that provide a floor for every district, I think, is imperative.

I do believe that within base funding, we should state priority items. Those are not mandates, but priorities. A mandate—excuse me—a priority would—there are two of them that I would encourage one of which is for technology to make that distance—learning that distance communication between communities are truly feasible. And the second, it would be for evaluation. I think lots of people are asking the difficult question, "Are you truly making the difference?" Yes, we can quote anecdotal stories and yes, we have some data, but many school districts simply don't have that data and I think it would be important to list that as a priority in that base allocation.

Another recommendation would be to integrate all of what we hear about violence in America. It's ludicrous for us not to integrate. I go back to quoting the data that I quoted from South Dakota. The kids who, in the juvenile detention centers, when they got into trouble, something like 90 percent of them—between 80 and 90 percent were already chemically addicted. It is inextractible. You can't separate the two items. And I'm not saying that we should put in violence prevention as a mandate and take away anything, but I'm saying that we need to integrate those things.

Another recommendation would be—and this is stretching a point a bit—but I'm going to take the liberty to do so and hope I don't get into any trouble by doing so. The national goals, I believe, are in difficult times. The national goals, especially national goal number six, talking about a drug-free school, I'm concerned that what we—what I hear is a lot of talk about curriculum standards.

Folks, that isn't going to cut it. Curriculum standards don't help kids, not unless there's an—they do—but not unless there is an effective delivery system also set up to make sure that those curriculum standards number one mean anything, number two are achievable, and then number three they're real. I'm less and less concerned, after nearly three decades in education, about educating the head without the heart and I'm really concerned that the curriculum standard language that I hear east of here is that we're headed toward curriculum standards without any attention being given to effective education, to the kinds of things that we know are so critical in alcohol, tobacco, and other drug education programs.

I would also recommend increased funding. I said before, there is not enough money. I know full well the difficult times we're in economically, but at minimum to maintain the amount of funding that we actually have and increase it.

Another recommendation is to please not wrap drug prevention education into comprehensive health education. I only say this because the two programs are so critically important that when you wrap them together something gets short-shrifted. AIDS education cannot afford to be short-shrifted nor can alcohol, tobacco, and other drug prevention education. They have to maintain their own separate funding.

And last of my recommendations is when people look at funding sources, they look closely at the work of the laboratories and the work of the regional centers. I believe that what they offer to States in this capacity building, the training of trainers Karen talked about, and what Josephine referenced, I believe what the laboratories and the regional centers can bring to the educational arena is wholeism. Someone earlier quoted the African proverb that it takes a whole village to raise a child. That is so important. You cannot educate just a piece of a child here or there and I believe it is best done through agencies that are already responsible for educating the whole child.

So my concluding observation is that Drug-Free School and Community dollars are absolutely vital. Rural America, urban America, I leave here Monday to go to inner-city St. Louis where 15 community schools are being formed, that will be one-stop shop schools where local communities can have—or those inner-city communities can have all of their needs met. It's imperative that those funds continue to support those kinds of things. Everything we know from effective projects are brought to bear partially through these funds.

And my second observation and my last is to please maintain the funding, at least, at current levels if not increase it, and to integrate with coexistent programs, such as programs dealing with violence because it's there anyway. In reality we may as well do it on paper. Be careful not to mandate or make language invitational. Point out to people what it is, that which we know from research and invite them to think about those items as they do their planning.

Lastly, are we making a difference, folks? I said earlier this morning, it would be real difficult for me to get out of bed on Saturday knowing since January 1, I have been at home one Saturday—

one. I was sort of looking forward to this Saturday. But I wouldn't have been here so eagerly if I did not know that we are making a difference. We are truly making a difference.

Another African proverb says that we cannot leave a single child behind. I believe that from the very core of my heart. And if I didn't I wouldn't be here. So I thank you for your time. I welcome any questions. It's been an honor to address the subcommittee.

Chairman OWENS. Thank you.

[The prepared statement of Tom Barlow follows:]

Chadron, Nebraska, June 19, 1993 Field Hearing Testimony
Submitted to the U.S. House of Representatives Committee on Education and Labor and the Subcommittee on Select Education and Civil Rights

Submitted by Tom Barlow, Director
Drug-Free Schools, Mid-continent Regional Educational Laboratory (McREL)

Implementing the Drug-Free Schools and Communities Act in a Rural Region

I. Introduction: The Work of the Mid-continent Regional Educational Laboratory (McREL) and the Midwest Regional Center for Drug-Free Schools and Communities

The Mid-continent Regional Educational Laboratory (McREL)[1] provides comprehensive information resources, training, curriculum development, and systemic planning services to support schools in their development of strategies to prevent the use of alcohol and other drugs. McREL's services are offered through the Midwest Regional Center for Drug-Free Schools and Communities, which is operated by the North Central Regional Educational Laboratory (NCREL) in conjunction with McREL. The Midwest Regional Center is one of five Centers funded under the Federal Drug-Free Schools and Communities Act of 1986, and serves a ten-state region: Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin.

The Midwest Regional Center headquarters office is located in Oak Brook, Illinois, with area offices in Chicago, Denver, and Minneapolis. One of the Center's primary aims is to help build the capacities of schools, communities, and collaborating state agencies and programs using research-based programs and practices. During the first six months of 1993, a total of 7,419 people received services from the Center, with 46 percent participating in workshops and 54 percent in other activities such as presentations and consultations with regard to research-based information and practices.

[1] McREL is a nonprofit organization with expertise in education research and development, assessment and evaluation, curriculum development, and staff training. Established in 1966 as an outgrowth of the Elementary and Secondary Educational Act (ESEA) of 1965, McREL provides support to the U.S. Department of Education by delivering research and development-based services to a seven-state region (Colorado, Kansas, Missouri, Nebraska, North Dakota, South Dakota, and Wyoming). McREL's mission is to improve the quality of education through the application of the best available knowledge from research and development experience.

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The primary goal of the Midwest Regional Center (the Center) is to prevent the use of alcohol and other drugs and associated destructive behaviors by children and adolescents. In light of the multiple and interrelated causes of alcohol and other drug use, the prevention strategies developed and implemented by McREL, NCREL, and the Midwest Regional Center are broad-based and provide important linkages between schools, communities, and parents. Staff specialists at the Center assist school/community teams, local and state education agencies, higher education institutions, and community agency staff in prevention program planning and implementation, needs assessment, policy development, and program evaluation.

Drug-Free Schools and Communities staff at the Center provide comprehensive prevention services that include: general information resources; workshop training materials; audio and video resources; and training and technical assistance in the development of innovative strategies for collaboration between groups at the local, state, and regional levels. In addition, in order to address the needs of an extremely diverse region, the Center has developed three initiatives to focus on the unique needs of urban, rural, and American Indian communities.

The collaboration between the Center and a research and development agency such as McREL is mutually reinforcing. For example, over the past six years McREL has been deeply involved in developing research-based products for educators in Nebraska. During that time, dozens of schools have been assisted in implementing research to increase school effectiveness and student achievement. In addition, McREL has worked closely with state education officials, state legislators and other policymakers to design and implement state policies on school reform. When schools and educators benefit from these research-based services, their improved tools and increased capacities serve to enhance the effectiveness of the unique technical assistance provided by the Center.

II. Alcohol and Other Drug Use Problems: Similarities Between Rural and Nonrural Communities

More than one-fourth of the nation's population resides in communities with populations of less than 2,500.[2] These communities, classified as "rural" by the U.S. Census Bureau, are far from homogeneous. The economy and geography that characterize a rural farming county in Kansas, for example, are in great contrast to the defining demographic features of a rural mining town in

[2] Ruth W. Edwards, "Drug and Alcohol Use by Youth in Rural American Communities," *Drugs & Society* Vol. 7, Nos. 1/2 (1992), p. 1.

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Appalachia, a community in the Mississippi Delta Region, a university town in rural Wyoming, or a rural county in South Dakota.

Although rural schools tend to be small, rural districts may be very large geographically. The percentage of rural schools within states varies, ranging from less than 4 percent in Rhode Island to more than 75 percent in South Dakota. In nine states, more than 50 percent of the schools are in rural communities, and in 30 states they represent at least 30 percent of all schools. In two states -- Kansas and South Dakota -- students enrolled in rural states make up more than 50 percent of the state's total school population.[3, 4]

With regard to efforts to prevent alcohol and other drug use, many of the struggles shared by rural communities are also common to populations in highly urban areas -- among them, poverty and other sources of disadvantage, inadequate funding assistance and service delivery, and high and increasing needs for effective prevention strategies.

Poverty and Other Sources of Disadvantage.

As is true with many nonrural communities, residents in rural areas are often placed at disadvantage by such problems as poverty, unemployment and underemployment, and lack of access to resources. According to the results of a rural youth survey released by the American Psychological Association (APA) in April 1993, close to half of the 2,148 respondents (ages 12 to 18) reported they had "too many problems to handle" at some point in their lives, with the majority choosing not to seek assistance. Approximately one-quarter (24 percent) of the rural youth surveyed reported experiencing a time when they were drinking alcohol on a weekly basis.[5]

The 262 mental health professionals surveyed in conjunction with the APA study reported that the problems they most frequently encounter in rural youth include: behavioral problems (65 percent); stress (60 percent); alcohol abuse (50 percent); learning disabilities (49 percent); physical abuse (31 percent); sexual abuse (31 percent); and pregnancy (26 percent). Many of these problems are co-existent with adolescent alcohol and other drug use. The professionals

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[3] Anne C. Lewis, *Rural Schools On The Road To Reform* (Washington, D.C.: Council for Educational Development and Research (CEDaR), 1992), pp. 4-6.

[4] Six of the seven states in McREL's region (Colorado, Kansas, Nebraska, North Dakota, South Dakota, Wyoming) have been classified as "rural" by the General Accounting Office (GAO). This classification (applied to a total of 18 states by GAO) is based on reported state population densities of 50 persons or fewer per square mile (GAO/PEMD-90-24, p. 12). For the purposes of this testimony, the term "rural" is used in reference to states falling under the GAO definition, as well as communities falling under the U.S. Census Bureau definition of towns or counties with populations of less than 2,500.

[5] *Summary of Research Findings* (Washington, D.C.: American Psychological Association, 1993).

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surveyed estimated that 69 percent of youth in need of assistance seldom have the ability to afford services. Additional reported barriers to services and treatment include a lack of understanding of how to obtain mental health assistance (64 percent) and a lack of understanding of how they might benefit from mental health assistance (53 percent).[6]

Inadequate Funding Assistance and Service Delivery

Just as high population density in nonrural areas can result in inadequate service delivery for students, teachers, and parents, low population density and geographic isolation in rural locations can result in less than equitable distribution and delivery of human and social services. Rural populations can be dispersed across vast geographic distances, and service providers are often unable or unwilling to cater to many remote locations. Harding County, South Dakota has a population of 1,700 in a county that is more than twice the size of the state of Delaware, which has a population of more than 600,000.

In addition, low population density often places rural communities at a disadvantage in circumstances where those communities are reliant on federal funds for programmatic delivery. For example, when funding is allocated in direct relation to student population, as it is under the Drug-Free Schools and Communities Act, many small schools in rural communities stand to receive such low levels of funding that the cost-effectiveness of completing the paperwork entailed in funding requests becomes questionable, and some administrators may decide "not to bother" applying for federal funds.

For example, Pettis County School District in central Missouri, with a student population of 22 qualified for a $132 allocation for the 1992-93 school year under the Drug-Free Schools and Communities Act.[7] Similarly, in Nebraska, the 10 students enrolled in the Inland Public Schools in Clay County will qualify for a projected $37 in Drug-Free Schools and Communities funding for 1993-94, and the Rising Star Public Schools in Adams County (with 16 students) will qualify for a $59 allocation.[8, 9]

In such cases, pooling of funds in rural consortia can be imperative. The Three Rivers Educational Cooperative in the western prairie of South Dakota, for instance, received $61,874 in 1992-93 Drug-Free Schools and Communities funding on behalf of the approximately 4,300 students served by eight member

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[6] Ibid.
[7] Missouri Department of Education, Jefferson City, Missouri (Contact: Tom Odneal, Coordinator of Federal Programs).
[8] Nebraska Department of Education, Lincoln, Nebraska (Contact: Karen Stevens, Project Director for Drug-Free Schools and Communities Act).
[9] Funds provided through Title I account for variances by state with regard to per-student allocations.

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school districts (ranging in size from the 58 students to 2,015 students). For some school districts, however, geographic isolation and limited available technology make such cooperative ventures an impractical option.

Illustrative of this point is the Elk Mountain School District in South Dakota, isolated in the Black Hills near the Wyoming border. With a student population of 22, the district would qualify for a projected $143 in funding under the Drug-Free Schools and Communities Act for the 1993-94 school year. Administrators in the geographically isolated district have decided not to pursue the limited funds available to them for Drug-Free Schools and Communities programs; nor will they attempt to partner with school districts hundred of miles away in order to pursue funds available to rural consortia.[10]

In addition, the concentrated workloads of administrators, teachers, and other staff in rural schools can be barriers to those school leaders gaining access to Drug-Free Schools and Communities training, development, and information services. Almost half of rural school principals also teach at least one-third of a typical school day. Teachers in rural schools tend to be younger, less experienced, hold fewer advanced degrees, and are not as well-paid as teachers in nonrural areas (earning about $1,600 per year less as beginning teachers).[11] These school leaders, given their relative inexperience and geographic isolation, stand to gain much from professional development and training activities, but are often prevented from doing so because of unavailability of substitute teachers, unavailability of funds to pay substitute teachers, and/or unavailability of funds for the necessary transportation and/or distance learning technology.

High and Increasing Needs for Effective Prevention Strategies

While there is a general tendency for somewhat lower rates of drug use in rural areas (in particular, crack and heroin), there is little variation in reported alcohol use across rural and nonrural areas. Experts link such patterns of alcohol use and abuse within families to some of the socioeconomic stresses common to both rural and nonrural communities (such as job loss, financial strain, and family problems).[12] In addition, students in rural areas have lifetime, annual, and 30-day prevalence rates for stimulants, inhalants, sedatives, and tranquilizers that are comparable to those of seniors in nonrural areas.[13]

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10 South Dakota Department of Education, Pierre, South Dakota (Contact: Richard Parker, State Director for Drug-Free Schools Programs).

11 Anne C. Lewis, *Rural Schools on the Road to Reform* (Washington, D.C.: Council for Educational Development and Research (CEDaR), 1992), p. 19.

12 *Rural Drug Abuse: Prevalence, Relation to Crime, Programs* (Washington, D.C.: U.S. General Accounting Office, September 1990) GAO/PEMD-90-24, p. 5.

13 Ibid., p. 20.

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Statistics reported by the U.S. General Accounting Office (GAO) in 1990 show that alcohol use among high school seniors exceeds 90 percent in rural areas (characterized as "non-Standard Metropolitan Statistical Areas (SMSAs)): **91.3 percent** reported using alcohol at least once in their lifetime; **83.9 percent** of the same group reported using alcohol at least once in the past 30 days; and **4.5 percent** reported daily use. Although alcohol and other drug use has traditionally been perceived and presented as an nonrural phenomenon, these rural statistics compare closely to those reported by the GAO for nonrural ("large-SMSA") communities (**92.2 percent**, **86.1 percent**, and **3.5 percent**, respectively).[14]

In addition, rural areas have arrest rates for alcohol and other drug use violations that are as high as those in nonrural areas, and most prison inmates in predominantly rural states have abused alcohol, other drugs, or both. The GAO has described the prevalence as a factor that "completely overwhelms available treatment services."[15] In South Dakota juvenile detention Centers, for example, more than half of adjudicated juveniles are alcohol and other drug addicts at the time of entry; almost three quarters of this population come from families where at least one parent is alcoholic.

In Nebraska, the results of an extensive survey conducted in 1992 by the University of Nebraska show dramatic increases in alcohol usage reported by students in the 5th through 12th grade. While 82.1 percent of 5th graders classified themselves in the "never used alcohol" category, this group decreased to 20 percent in the 12th grade, representing a 62.1 percent increase in students who have reportedly used alcohol. These findings also show a significant increase in those students who admittedly have tried alcohol -- 16.4 percent -- between the 6th and 7th grades.[16]

III. Effective Programs in Rural Areas

Addressing Multiple Underlying Causes Through a Comprehensive Approach

Research and program implementation over the past thirty years provide policymakers with a glimpse of the components that are key to effective education and prevention approaches. The vast majority of educators and service providers agree that there is no single component that will make a program successful; comprehensive, systemic prevention programming must

14 Ibid., pp. 16-21.
15 Ibid., p. 5.
16 David M. Scott, *Evaluation of the Nebraska Drug Free Schools/Community Team Training Project: The 1991-92 Year in Review*, (Omaha, Nebraska: University of Nebraska Medical Center, March 1992), p. 15.

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address a broad range of underlying causes for alcohol and other drug use. As a 1992 study by Virginia Commonwealth University concluded, recent findings "contradict the popular belief that urban youths are at the greatest risk for drug problems," underscoring "the need to develop prevention problems specifically targeted at rural youth."[17] It is important that such programming attend to: curriculum and instruction; youth development; parent involvement; and community outreach.

- **Curriculum and Instruction:** The first year of funding under the Drug-Free Schools and Communities Act required school districts to achieve compliance with requirements for K-12 drug prevention curriculum, teaching in more than one content area, articulating the curriculum throughout grade levels, and integrating drug education and prevention curriculum components within other content areas. While this has largely been accomplished in most regions, it is important that curriculum be updated as appropriate for the community, the ages of the students, and the parental norms of the community. For curriculum to remain meaningful, is must be supported through revision as time passes and new issues emerge. For example, few drug prevention curricula written in the mid-to late 1980s included much information about crack cocaine, so it has been necessary to include that information through new or revised curricula.

  The methods used by instructors who teach the curriculum are equally important. Instruction and learning processes that allow children and adolescents to participate in discussions and activities are likely to encourage an internalization of information available about the dangers of alcohol and other drug use, as well as skill-building based on that information.

- **Youth Development:** This approach addresses the basic needs of youth (e.g., health, safety, a sense of belonging, independence, and mastery of knowledge) through programming that includes school-based initiatives such as peer mediation, conflict resolution, peer tutoring, mentoring, cross-age tutoring, drug-free support groups, school/community programs, and alternative activity programs. Such activities address the cognitive and affective developmental processes involved in children's development of attitudes, knowledge, and skills, allowing children the opportunity to

17 Albert D. Farrell, Deborah M. Arthurs, Steven I. Danish, "Risk Factors for Drug Use in Rural Adolescents," *Journal of Drug Education*, Vol. 22(4) (1992), p. 326. See also Linda P. Bloch, Lisa J. Crockett, Judith B. Vicary, "Antecedents of Rural Adolescent Alcohol Use: A Risk Factor Approach," *Journal of Drug Education*, Vol. 21(4) (1991), pp. 261-277.

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develop healthy concepts about their own self worth, as well as their interdependence with peers, adults and community.

o **Parent Involvement:** Participation and active support from parents is an integral aspect of effective education and prevention strategies. Parental involvement can be broadly defined as including three possible levels of participation: (1) serving on committees such as the local Drug-Free Schools and Communities steering committee; (2) participating in school projects such as assisting in the development of programming and volunteering to lead and assist with school activities; and (3) definitive programming to provide services to all parents in the community (ranging from providing child care in order for parents to participate in classes and meetings related to their children's well-being to providing for basic needs such as counseling, food, and shelter). Above all, parents can have the greatest impact on education and prevention programs by voicing -- and acting in accordance with -- school and community policies regarding alcohol and other drug use.

o **Community Outreach:** Schools cannot provide the kind of impact necessary (for effective education and prevention services) without the support of their surrounding communities. Communities are significant stakeholders in the outcomes of education and prevention programs, and the participation of local citizens and leaders is essential to effective programming, not only in terms of their financial support, but also in terms of time and skills. It is important to acknowledge the many facets of communities -- single individuals, families, civic and religious organizations, agencies, businesses, and not-for-profit organizations -- and to invite their partnership in educating for drug-free schools and communities.

<u>Vignettes: Programs in Rural Communities</u>

o **Milbank, South Dakota: Milbank School District.** This rural town with a population of approximately 5,000 provides Drug-Free Schools and Communities programming to approximately 1,200 K-12 students. Milbank is a somewhat unique rural community in that its economy is comprised in part of several key industries, including a cheese factory, granite quarry, and hardware warehouse; Milbank's Drug-Free Schools programs receive financial support from more than 100 local businesses. Surveys conducted by the district show that approximately 90% of high school-age students have used alcohol.

The community's 12 member Drug-Free Schools and Communities Advisory Committee has focused its efforts on the use of alcohol by children and adolescents in the community. Key among its initiatives are a student assistance program for which organizers report an "overwhelming response," and Drug-Free Schools and Communities team training. A program aspect targeted for improvement by the Advisory Committee is parental involvement; program coordinators hope to generate more participation in the future in parenting skills classes that encourage parents to support school policies about alcohol and other drug use, as well as examine their own alcohol and other drug use. The Milbank School District received $12,350 in Drug-Free Schools and Communities funding for the 1992-93 school year.

o **Ogallala, Nebraska: ESU #16 Drug Consortium.** Representing 51 member school districts that collectively span 10,000 square miles, ESU #16 administers Drug-Free Schools and Communities education and prevention activities to more than 6,000 students. Coordination of the Nebraska Drug Free Schools/Community Team Training Project is decentralized into 19 educational service units (ESUs). Alcohol is recognized by local authorities as the "drug of choice" of children and adolescents who use alcohol and other drugs.

In response to parent and teacher concerns about alcohol use and a recent increase in drug-related arrests of juveniles (thought to be linked to drug trafficking activity on and along the Interstate 80 highway), the consortium's Drug-Free Schools and Communities Advisory Committee has focused recently on alternative, drug-free activities for rural youth, leadership and decision-making training, teacher in-service training, and drug counseling teams. Federal funding allocated under the Drug-Free Schools and Communities Act for 1992-93 totaled approximately $37,500.[18]

o **Laramie, Wyoming.** Although classified as rural, Laramie is largely a "university community" with a population of approximately 20,000, and a school-age population of about 4,000 students. A local, 30 member Drug-Free Schools and Communities Advisory (comprised of educators, law enforcement officials, students, parents, university professors, and mental health workers) was organized even prior to the passage of federal Drug-Free Schools legislation in 1986. Although no formal evaluations have been conducted regarding the impact of the district's education and prevention activities, one of the initiatives at . .

[18] Courtesy Carol Haight, Staff Development/Curriculum Director, Ogallala, Nebraska.

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Laramie High School. "S.O.S." (Students Offering Support) has maintained consistent enrollment since it began in 1983.

S.O.S. is a peer helper program facilitated by a counselor and designed to teach students counseling skills and strategies, provide them with information on alcohol and other drug use and related issues, and initiate them with regard to referrals for help within the school and the community. Total funding for the Laramie School District in 1993-94 is projected to be $98,000.

IV. Rural Consortia

The Center works in cooperation with site coordinators who assist rural consortia by administering needs assessments, arranging for long-term planning for comprehensive prevention programming, disseminating information about current research with regard to effective education and prevention strategies, training and technical assistance, and post-training follow-up assistance. Most of these site coordinators have completed the Center's training program for comprehensive planning and are efficient local providers of long-term assistance. The Center's ongoing assistance to -- and training of -- a competent cadre of site coordinators is key to its working relations with consortia.

States in the region served by McREL and the Midwest Regional Center vary in their approaches to administering consortia agreements. For example, in South Dakota, there are three Prevention Resource Centers and the relatively few educational cooperatives which house consortia contracts. In contrast, in states such as Nebraska and Missouri, the Center works with larger numbers of individual consortia. It is important to note, however, that the impact of these consortia is largely the same from state to state; the State Education Agency (SEA) and Single State Authority (SSA) in each state are kept apprised of the Center's activities with regard to their constituents, and these communications are enhanced through the systemic State Planning Committees in each state that are comprised of various individuals and agencies in each state, and consistently include the SEA, SSA, and representatives from key consortia.

V. Issues for Legislative Consideration

o **Surpassing Socioeconomic Barriers.** Effective strategies to implement alcohol and other drug use education and prevention programs in rural communities must take into account many of the same problems confronted by programs in nonrural areas -- poverty, unemployment and underemployment, and lack of access to resources. In addition, disadvantages unique to rural areas, such as geographic isolation, must also be considered. *Federal policy and legislation that dictate the allocation of federal funding under the Drug-Free Schools and Communities Act should allow for additional or*

increased allocations for rural school districts and/or consortia to plan and implement Drug-Free Schools and Communities programs and activities designed to address the unique needs of rural communities, including programs based on distance learning technology.

o **Equitable Distribution of Federal Funding.** Under the formula for funding distribution established by the Drug-Free Schools and Communities Act of 1986, some of the most rural schools with dwindling populations are able to quality for funding amounts inadequate to address their increasing needs for effective education and prevention efforts. *Establishing minimum funding levels for rural schools would be a means of addressing such inequities.*

o **Improving Program "Tracking" and Evaluation.** Evaluation of prevention efforts is a persistent problem across all areas and populations, but is exacerbated in small communities by lack of adequate funding, insufficient numbers of students to comprise a statistically significant sample, and unavailability of the expertise necessary to design and implement effective evaluations. *This problem could in part be addressed by the availability of federal funding specifically earmarked for the evaluation of alcohol and other drug education and prevention programs -- with which schools and communities could consult with regional experts capable of performing evaluations training and assistance appropriate to their needs and circumstances.*

o **Improved Support of Schools.** Even where federal funding is sufficient to provide such services as teacher training and staff development with regard to the Drug-Free Schools and Communities Act, teachers, counselors, and other staff are often not able to take full advantage of training and development activities due to the unavailability of substitute teachers, the unavailability of funds to pay for substitute teachers, and/or lack of adequate transportation or technology to access available training, development, and information services. *This problem could in part be addressed by the availability of federal "leader support" grants for which schools could apply in order to support participation by administrators, teachers, and staff in Drug-Free Schools and Communities training and development activities.*

Chairman Owens. Mr. Maurice Twiss.

Mr. TWISS. I'm very happy to be here today for a couple of reasons. One, Chadron State College is my alma mater and I haven't had the opportunity to visit very often, so it's great to be back down here. Just sitting here, kind of exchange and listen to Mr. Barlow and thinking about some of the great things that went on here at Chadron, maybe the contrast of behavior and things that one does at that age as compared to what one thinks now is pretty interesting. So anyway, it's very nice to be here to talk with this distinguished panel about the Drug-Free Schools and Communities Act.

I come from the Pine Ridge Indian Reservation across the State line into South Dakota in the western part of South Dakota. We have different kinds of lifestyles, et cetera and I'll go into those in just a second. Our people, as we view them, were once very proud Indian persons, native American people and we had our own lifestyle. That lifestyle—that culture was interrupted by European values and beliefs and we have changed a great deal. We have changed into an ill society dependent on, (1) the U.S. Federal Government and (2) drug and alcohol usage and abuse.

Research of this society, which we consider as being ill is an educational viewpoint of being ill because of the dependency on drugs and alcohol, but evidence of this research was nationally known a couple of years ago when Tom Brokaw featured it on NBC News in 1992. The U.S. World News and United Methodist Church in 1988 and former Governor George Michelson, through the Capital Bureau and the State Department of South Dakota in 1992 also made national studies and national reports illustrating and telling the rest of the world what it was like on the Pine Ridge Indian Reservation.

They have indicated and shown that Shannon County is the poorest county in the Nation. The per capita income is $3,244. Other negatives but notorious statistics shown on the Pine Ridge Reservation include an unemployment rate between 60 and 80 percent as compared to a number under 10 percent for our national average. These statistics are economically related, but a society perpetuated by economic failure creates the following numbers: the dropout rate of our students on the Pine Ridge Indian Reservation is 87 percent, that means that of 100 students starting school, 87 will drop out. About 13 percent will make it through high school. The suicide rate is three times the national average and additionally, the number of students and people under 20 is just unbelievably high. Ninety-seven percent of students are estimated to have a family member with a drug and alcohol addiction.

Recently, in our school system, Colorado State did a survey which indicated that 26 percent of the grades 4 through 6 students are high-risk students.

With the Drug-Free Schools Program that started, we were one of the first people to get a Federal grant through the Drug-Free Schools Act and we've also participated in the State program. We have also introduced some programs on the Pine Ridge Indian Reservation and Shannon County school system that are working. One of the things that seems to be very helpful is taking techniques like—one of our constant techniques is to use the beat of a drum

to assist students to interact with the counselor. The student will open up, share the information, easily talk about their problems. Previously they would not do that. They just would not share. We have a tremendous amount of staff training, people training like through the McREL training grant. We have a lot of trainees, et cetera, that we have begun to work with parents. And I think that's a very essential kind of program, parent awareness, parent training.

Another important thing that has happened is the introduction and the availability of materials and supplies, materials that are anti-drug and alcohol awareness programs and information. We have put numerous free programs, developed by different agencies including drug-free schools, in the homes. Just the information alone is making the problem more evident, the awareness problem.

Inhalants is a real factor because of the costs. Inhalant usage is rampant and the students seem to be able to use or get different kinds of material because they're all over: paints, gasoline, and sniffing a lot of that. I think that we need to have some additional efforts—additional moneys to counteract that.

The other things that are happening, through the drug-free schools moneys, is a policies development. I think school systems have now begun to work on policies that will govern, at least, the staff people and the students' rights in the school systems.

The networking is tremendous and I think Mr. Barlow and others on the first panel had indicated the process of network and I think that is one of the first programs that I have seen where networking is very effective. I've been on Federal programs for 20 years on the Pine Ridge Indian Reservation and we have never networked like we do now, previous to the last few years with drug-free schools. So I think that is a tremendous improvement.

In summary, I would just like to say that the continuation of the drug-free schools is so important that we need to do a couple of other things. A number one recommendation that I feel strongly and probably moreso because nobody else had mentioned it; but we need to establish a formal education program that would train minorities to become guidance counselors or advocates of drug-free schools. The reason I say minorities in this particular case is that we do not have native American people coming back to the reservation with degrees in guidance and counseling or human services that allows them to be effective in a formal program.

I can see the redesigning of the original Act where it would have an inclusion of a training program at a master's level and I would not say necessarily just Native American people, but to all people as we talked about questions from Mr. Owens in regard to whether a master program gives you adequate training in drug and alcohol prevention. No, the guidance program, at this point, does not. The colleges are 10 years behind in getting that type of a program going where they're including awareness to drug and alcohol or the psychology of the usage of drug and alcohol and all those kinds of programs. We need to update the colleges, we need to get them on the move as well, including the regents and those kind of people. Let's include those kinds of courses.

The thing that the Drug-Free Schools Act did that is so obvious to me was to put the prevention standard in the marquee, whereas

the schools didn't deal with it at all for 10 years. Now, it's a pretty important topic. Even school superintendents are more aware and that was a tough kind of issue that we had to overcome. But the awareness is there and it's risen from probably the last concern of the school system, the last concern of the district, and they're spending a few dollars. I think somebody this morning said they were matching dollars. The districts are putting some dollars into prevention. So that has to be a very important part of the Act itself, it's just all over America, people and the schools are now concerned about the drug and alcohol usage.

I guess as we all talk about the need for financial support, my final recommendation is that we need more financial assistance. We, on reservations, are at a disadvantage when everybody needs more assistance, but we have a problem of going down and asking the local grocer for assistance or the local hardware store for assistance because there are no local grocers. There are very few local grocery stores and very few hardware people. So therefore, we cannot get public assistance to help in our programs. It's maybe a factor of some people needing the moneys more. We, number one, have a higher usage rate and have no money to deal with it; therefore, you know, it's very, very difficult to promote activities when you do not have and cannot solicit the funds. I mean, this is not about favoritism, but we on the Indian Reservation simply need more money. On the other hand, it is favoritism because there isn't any money available and we need to generate it. So I guess that would be my last recommendation and I thank you for your time.

Chairman OWENS. Thank you.

[The prepared statement of Maurice Twiss follows:]

CONGRESSIONAL HEARING
DRUG FREE SCHOOLS AND COMMUNITIES ACT
Chadron, Nebraska
June 9, 1993
Prepared by Maurice Twiss

It is an honor to be here today to present my opinions to this distinguished panel in regard to the Drug Free Schools and Communities Act.

The geographical area I represent is located on the Pine Ridge Indian Reservation. The Pine Ridge Indian Reservation is located in South Western South Dakota, and the school system is Shannon County Schools.

Our people are the once proud and powerful Oglala Sioux with past notorious leaders such as Chiefs' Red Cloud, Crazy Horse, Heard, Black Elk, Red Shirt and many others who provided leadership and wisdom in trying to maintain a lifestyle that was free from social illnesses and corruption.

After the United States Government intervened and changed the life of the Native American people, conditions changed to our present situation of suppression and the creation of an ill society.

Research of this "ill society" has been and is still being verified by numerous studies and news releases including CBS News (Tom Brokaw, 1992), U.S. World News, United Methodist Church 1988, and former Governor George Mickelson through the Capitol bureau of the State Department of South Dakota in 1992.

These studies and others indicate that Shannon County is the poorest County in the United States and the per capita income is $3,244.

Other negative but notorious statistics we show on the Pine Ridge Indian Reservation include an unemployment rate between 60-80% as compared to a number under 10% for a national average.

These statistics are economically related but a society perpetuated by economic failure creates the following statistics:

- Drop out rate based on K-12 school system is approximately 67% (100 students starting school means 67 will not graduate)

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- Suicide rate is three times the national average.
- 97% of students are estimated to have a family member with a drug and alcohol addiction.
- 26% of 4-6 grade students have been indicated as "high risk" on a recent Colorado State University Drug and Alcohol usage survey.

Examples of activities implemented by the Shannon County Schools provided by Drug Free Schools and Communities Program, and individual goals of the project are identified as follows with suggestions for the future program:

1. Native American Culture and Program Techniques

   A variety of techniques were used to develop student communication and increase the students' abilities to identify feelings and reflect on those feelings. Specific activities include:

   A. Drum Group Technique - Students use the drum as support system to discuss their personal concerns and problems.

   B. After school and mini school activities (4 schools):

      1) Sewing
      2) Beading
      3) Lakota Dance & Song
      4) Movies
      5) Skating
      6) Basketball
      7) Reward System

   C. Alaton groups (4 schools)

      Four schools have started alaton groups monitored and coordinated by the para-professional Drug Free Schools and Communities Counselors. Students participating in the weekly sessions seem to be gaining trust and the abilities to "open up" with their personal problems. Besides the tremendous growth of the students being able to communicate and develop support systems, other positive ideas are developed. The students and staff are cooperatively identifying excellent activities in which to guide behavior in a positive direction.

   D. Parent and Staff Training

      The Shannon County School Administrators scheduled and implemented valuable training for parents and staff

throughout the course of the year. The major workshops were scheduled as follows:

1) McREL - Through cooperative networking, the Shannon County School system and the Mid Continent Educational Laboratory, Denver, Colorado, planned and implemented two major programs. The Student Assistance model was implemented at all four schools. This program was implemented by a previously developed School Team, also trained by McREL. While this program is still in infancy, it has the opportunity to impact many staff people as well as students.

2) Parent Involvement Training (December 17-19, 1992)
This program was attended by nearly 100 people. It was also provided by the McREL staff. Many of the trainees were parents of the students in the Shannon County School system.

3) Drug and Alcohol Prevention Materials and Methods
This training was held in Rapid City, South Dakota on March 17-19, 1993. The purpose of the training was to familiarize parents and staff on materials and methods of student drug and alcohol usage. Approximately 90 people were in attendance. This training was very successful for those attending and was coordinated by several entities dealing with Drug and Alcohol prevention.

4) Inhalant Abuse Prevention
This training program was co-sponsored by Shannon County Schools and Western Prevention Center. An abundance of resource materials and Prevention methods were provided.

5) Red Cliff Wellness Program
A training session was held at the Rockyford School on April 30, 1993. Para-professional counselors, school administrators and counselors gathered for a workshop sponsored by Rural American Initiatives.

The curriculum was presented as well as methods and materials were distributed to the schools.

E. Policies Development

A group of administrators, counselors, teachers and patents gathered to formulate a policy on Student Assistant programs. The group completed the policy, submitted it to the Shannon County School board for review. The policy was passed by the School Board in March, 1993.

F. Staff Relations

The attitude of the personnel of the Shannon County School system regarding the use and abuse by the students and staff has continued to positively improve throughout the years. The implementation of the Drug Free Schools and Communities' para-professional counselors has certainly enhanced the collective attitude. Many occasions of support of the para-professional counselors dealing with student behavior has improved attitudes of members of the staff.

G. Networking

The Drug Free Schools and Communities of Shannon County Schools have done extensive networking with other entities. Following is a list of those entities that have worked cooperatively on many activities to develop a quality program:

1) Rural American Initiatives
2) Western Behavioral Prevention
3) McREL
4) CSAP
5) South Dakota Drug Free Schools and Communities - Dick Parker, Coordinator

H. Assessments

The following usage and assessment surveys were administered to the students during the 1992-93 academic year:

1) Colorado State University - Behavioral Science Department:

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- usage survey (indicates student usage of drugs and alcohol).
- Piers/Harris, an indicator of self esteem levels of students.
- Parent and teacher referral methods.

I. Documentation of activities

The Shannon County Schools is currently making video tape to be used as a demonstrator of an effective school program. It is our intent to allow other systems to replicate any portion of our program.

J. KILI Radio

In cooperation with the KILI Radio Station, members of the State Drug Free Schools and Communities program established an awareness program broadcasted every Tuesday for ten weeks. The topic of the day consisted of the different aspects of drugs and alcohol awareness programs. Included topics were administration of programs, Student assistant programs, counselors roles in the program, parents responsibilities and roles, student involvement, SAP programs for the Shannon County Schools and other entities and agencies that work cooperatively with drug and alcohol prevention.

K. ACES

A local group of volunteer staff people met on three occasions to discuss problems resulting in drug and alcohol abuse with students. Efforts were made to identify and develop viable solutions. This working group used the acronym ACES which stands for Action Committee for Effective Schools. The working focus is centered on identifying problems and networking with non-school agencies for possible solutions.

Summary

In consideration of the many activities of this program for the 1992-93 academic year, it is easy to say that tremendous growth has occurred. A good balance of training to parents, teachers, staff and

administrators is evident. Strides were taken to better inform the public with materials including the parent handbooks, KILI Radio program, the Rural American Initiatives Titakuye program, and the Red Cliff Wellness program.

Results of the Colorado State University Usage Survey indicates the usage of pattern by our youth has declined over the previous measurement. If this is a continuous pattern, success has been achieved.

It is apparent that the attitude of the staff of the Shannon County School system is one working with a cooperative approach in addressing the problem of abuse and use of drug and alcohol by students and staff on the Pine Ridge Indian Reservation. The administrative staff including Mr. Emanuel Moran, Superintendent, Mrs. Jean Reeves, Mr. Anthony Whirlwind Horse, Mr. Bill Cuny, Ms. Patricia Emrick and Mr. Gary Gustafson, all have demonstrated an excellent attitude and performance in implementing programs for prevention and drug and alchol usage programs.

Program appreciation should also be given to members of the school teams, guidance counselors, para-professional counselors and parents who are active in the entire drug/alcohol prevention movement.

Recommendations

1) Include in the Act - provisions to allow a degree program training people at a masters level in the drug and alcohol prevention area. This program should be granted at regional institutions with a preference for minority people and/or constituents of high concentration of drug and alcohol usage among youth.

2) Continue the Drug Free and Community School program with an added financial supplement for programs on Indian Reservations and other high concentration of alcohol and drug usage areas.

3) Continue to raise the focus on the importance of drug free schools and communities' programs through the use of advertisements, training programs, brochures, recognition of outstanding programs and public awareness programs.

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Chairman OWENS. Ms. Barbara Jolliffe.

Ms. JOLLIFFE. Good morning, Mr. Chairman and select committee members. I appreciate the opportunity to speak to you today about my experience with the Drug-Free Schools and Community Act.

I am the director of the Panhandle Substance Abuse Council. We are a regional prevention center arm of the Region 1 drug and alcohol services. The Federal block grant dollars provide funding for our agency. As a regional prevention center we are certified by the State Division on Alcoholism and Drug Abuse to provide prevention, technical assistance, and public information.

And I'll divert a little from my testimony to say that we don't fit Mr. Barlow's definition of technical assistance. We're the community people, we're local, and we're here to stay. We are also an associate radar network clearinghouse for the Center of Substance Abuse Prevention.

Region 1 encompasses 15,000 square miles, 93,000 individuals, and is agriculturally based as well as culturally diverse. There are numerous small communities each isolated, yet dependent on the other. Each has its own personality and definite level of education regarding alcohol, tobacco, and other drugs and the problems associated with these substances. The isolation, limited knowledge about chemical substance use and abuse, and distant services are some of the concerns associated with rural areas. Alcohol is not only our drug of choice, but for many communities it is a way of life.

A frequent comment voiced when an adolescent has been involved with alcohol is, "Thank goodness it's not drugs." While drugs are dangerous substances, the lack of understanding of the damage that alcohol can inflict on our physical well-being, our emotional health and families is not understood and/or acknowledged. The problems associated with alcohol use are well documented: car crashes, arrests, domestic violence, teen pregnancy, and increased health care costs are only a few identified here.

The community's lack of acknowledgement about alcohol and its associated problems play an important role in a school district's commitment to the drug-free schools program. The current process, while not always perfect, allows those students whose districts are not committed to drug and alcohol prevention to be part of the process and exposed to prevention information and activities on a limited basis. Districts question their need to be involved when they receive such small sums of money and have to meet increased reporting demands. A consortium can provide the smaller schools with recordkeeping, administration, direction, technical assistance, and a variety of prevention options they couldn't afford with their limited funds. Many small schools have concerns about the appropriate use of drug-free school moneys and the larger consortium can provide the direction needed to meet Federal fiscal guidelines and requirements.

Another concern is the recovering student. Having raised a child who developed chemical abuse problems I know that returning to the school setting after treatment carries with it additional stress. The recovering student needs intense support services on their return to school. While their previous choices caused many problems,

the self knowledge gained during treatment can increase their resilience, improve their academic performance and open the student once again to the prevention message. More importantly, we need to provide parents and the community with the information to prevent the problem from developing in the first place.

A recent survey in one of our Educational Services Units documented some success, but the students did not feel that the community had changed to reinforce and support the prevention message. The Drug-Free Schools Program is only one of many programs that impact school-age youth. We know that we can spend a lot of money to educate our youth about drugs and alcohol use and abuse, but without community and parental reinforcement and support, the education will be worthless.

Sys Wagner, a prevention specialist from Kentucky, stated recently that a community sets its standards by its laws, but it defines its real values by its actions. More work needs to be done with our communities and its institutions to assist our youth in growing up drug and alcohol free.

Concern has also been expressed regarding at-risk designations, labels, or definitions. We are not all in agreement as to who is considered at risk. That definition changes county by county within our region. School districts need the flexibility to determine their at-risk groups. We know in Nebraska that we currently have 91,500 10- through 17-year-olds at increased risk. That number represents 50 percent of all Nebraska adolescents. Frankly, our agency sees all youth at risk mainly because of the maturational process that they are experiencing. The criteria are varied, and only a few will become involved in serious risk behaviors as an adult. What are the deciding factors here? Evaluation is not always consistent. Knowing regional risk factors and targeting them with the appropriate programs would seem to be a more effective strategy.

Successful programs within our region are community based and we work hard to train members so that they are empowered and can function as an independent group with technical support. These programs are ongoing over a period of time and build skills for adults and youth and have training and evaluation components, DARE, Student Assistance Programs, and Towards a Drug-Free Nebraska school team training, peer programs such as Step-Up and Clowning Around for Prevention. Drug-free youth groups and many retreats for youth are several of the more successful programs affiliated with the Drug-Free Schools and Communities Act. Of our 26 school districts which have secondary level educational programs, all but three have been toward a Drug-Free Nebraska school team training.

Some of our older teams had moved into an inactive status before we understood what it would take for them to succeed and develop continuity. Materials, technical information, training, and support are all necessary to build a successful team. Another successful program was the October 1992 training of trainers mini-retreat project with our educational service unit 14. Teams of students from all nine school districts attended a mini retreat. The trained teams returned to their home school for the purpose of establishing a drug-free youth group. Of the nine teams that attended, six have

completed mini retreats and have a drug-free youth group in place for secondary students. The remaining three retreats will occur this fall. Our agency's technical assistance and drug-free schools' funding for speakers curriculum and supplies maximized the use of all dollars and created a successful event which will have a long-term impact in the communities.

Other experiences with consortia have prevented duplication of services, assisted with replication of successful programs, provided collaboration within the region on projects of interest and maximized drug-free school dollars, Department of Public Institution Prevention dollars and Governor's Discretionary funds. The additional resources provided by the Governor's Discretionary funds assist all consortia and school districts. Included are the Drug-Free Youth Network, Competitive High Risk Youth Grants, Multicultural Youth Networks, Parents Across Nebraska, Safe Homes, DARE, Red Ribbon Week Activities, and Community Organizing Public Policy Coordination.

The Drug-Free Schools and Communities Act provides an important component in the prevention effort to ensure healthy, safe, and productive lives for all Americans. We would like to see reauthorization with the following suggestions: relaxation of at-risk requirements and required spending; continuation of fundings as in the past and not as a grant, moneys included for technical assistance and training and less reliance on categorical funding.

Mr. Chairman, this concludes my statement. I will be happy to answer any questions you may have.

Chairman OWENS. Thank you.

[The prepared statement of Barbara Jolliffe follows:]

STATEMENT OF BARBARA JOLLIFFE, EXECUTIVE DIRECTOR, PANHANDLE SUBSTANCE ABUSE COUNCIL

Good morning Mr. Chairman and select committee members.

I appreciate the opportunity to speak to you today about my experience with the Drug-Free Schools and Community Act.

My name is Barbara Jolliffe. I am the Director of the Panhandle Substance Abuse Council. We are a Regional Prevention Center and the prevention arm of Region 1 Drug and Alcohol Services. Federal block grant dollars provide funding for our agency.

As a Regional Prevention Center we are certified by the State Division on Alcoholism and Drug Abuse to provide prevention, technical assistance, and public information. We are also an Associate RADAR Network Clearinghouse for the Center for Substance Abuse Prevention.

Region 1 encompasses 15,000 square miles, 93,000 individuals, and is agriculturally based and culturally diverse. There are numerous small communities, each isolated yet dependent on the others. Each has its own personality and definite level of education as regards alcohol, tobacco, and other drugs and the problems associated with these substances.

The isolation, limited knowledge about chemical substance use and abuse, and distant services are some of the concerns associated with rural areas. Alcohol is not only our drug of choice, but for many communities it is a way of life. A frequent comment voiced when an adolescent has been involved with alcohol is, "Thank goodness it's not drugs!" While drugs are dangerous substances, the lack of understanding of the damage that alcohol can inflict on our physical well-being, our emotional health and on our families is not understood and/or acknowledged. The problems associated with alcohol use are well documented. Car crashes, arrests, domestic violence, teen pregnancy, and increased health care costs are only a few identified here. The communitys' lack of acknowledgement about alcohol and its associated problems play an important role in a school district's commitment to the Drug-Free Schools Program.

The current process, while not always perfect, allows those students whose districts are not committed to drug and alcohol prevention to be part of the process and exposed to prevention information and activities on a limited basis.

Districts question their need to be involved when they receive such small sums of money and have to meet increased reporting demands. A consortium can provide the smaller schools with recordkeeping, administration, direction, technical assistance, and a variety of prevention options they couldn't afford with their limited funds. Many small schools have concerns about the appropriate use of Drug-Free School moneys and the larger consortium can provide the direction needed to meet Federal fiscal guidelines and requirements.

Another concern is the recovering student. Having raised a child who developed chemical abuse problems, I know that returning to the school setting after treatment carries with it additional stress. The recovering student needs intense support services on their return to school. While their previous choices caused many problems, the self knowledge gained during treatment can increase their resilience, improve their academic performance and open the student once again to the prevention message. More importantly, we need to provide parents and the community with the information to prevent the problem from developing in the first place.

A recent survey in one of our Educational Services Units documented that the prevention programs were achieving some success, but that the students did not feel that the community had changed to reinforce and support the prevention message. The Drug-Free Schools program is only one of many programs that impact school-age youth. We know that we can spend a lot of money to educate our youth about drugs and alcohol use/abuse, but without community and parental reinforcement and support, the education will be worthless. Sis Wagner, a prevention specialist from Kentucky, stated that a community sets its standards by its laws, but it defines its real values by its actions. More work needs to be done with our communities and its institutions to assist our youth in growing up drug and alcohol free.

Concern has also been expressed regarding "at-risk" designations, labels, or definitions. We are not all in agreement as to who is considered at risk. That definition changes county by county within our region. School districts need the flexibility to determine their at-risk groups. We know in Nebraska that we currently have 91,500 10-17-year olds at increased risk. That number represents 50 percent of all Nebraska's adolescents. Frankly, our agency sees all youth at risk mainly because of the maturational process that they are experiencing. The criteria are varied and only a few will become involved in "serious risk" behaviors as an adult. What are the deciding factors here? Evaluation is not always consistent. Knowing regional risk factors and targeting them with the appropriate programs would seem to be a more effective strategy.

Successful programs within our region are community based and owned. We work hard to train members so that they are empowered and can function as an independent group with technical support. These programs are ongoing over a period of time, build skills for adults and youth, and have training and evaluation components.

DARE, Student Assistance Programs, and Towards a Drug-Free Nebraska School Team training, peer programs such as Step-Up and Clowning Around for Prevention, drug-free youth groups and mini retreats for youth are several of the more successful programs affiliated with the Drug-Free Schools and Communities Act.

Of our 26 school districts which have secondary level educational programs, all but three have been through Toward a Drug-Free Nebraska School Team training. Some of our older teams had moved into an inactive status before we understood what it would take for them to succeed and develop continuity. Materials, technical information, training, and support are all necessary to build a successful team.

Another successful program was the October 1992 Training of Trainers Mini Retreat project with ESU #14. Teams of students from all nine school districts attended a mini retreat. The trained teams returned to their home school for the purpose of establishing a drug-free youth group. Of the nine teams that attended, six have completed mini retreats and have a drug-free youth group in place for secondary students. The remaining three retreats will occur this fall. Our agency's technical assistance and Drug-Free Schools' funding for speakers, curriculum and supplies maximized the use of all dollars and created a successful event which will have a long-term impact in the communities. Other experiences with consortia have prevented duplication of services, assisted with replication of successful programs, provided collaboration within the region on projects of interest and maximized Drug-Free School dollars, DPI (Department of Public Institutions) prevention dollars and Governor's Discretionary funds.

The additional resources provided by the Governor's Discretionary funds assist all consortia and school districts. Included are the Drug-Free Youth Network, Competi-

tive High Risk Youth Grants, Multicultural Youth Networks, Parents Across Nebraska, Safe Homes, DARE, Red Ribbon Week activities, and Community Organizing/Public Policy Coordination.

The Drug-Free Schools and Communities Act provides an important component in the prevention effort to ensure healthy, safe, and productive lives for all Americans. We would like to see reauthorization with the following suggestions: Relaxation of "at-risk" requirements and required spending, continuation of funding as in the past and not as a grant, moneys included for technical assistance and training, and less reliance on categorical funding.

Chairman OWENS. Ms. Desshia Ferguson.

Ms. FERGUSON. Good morning. I'd first like to say hello to the Chair of the select committee and its members. My name is Desshia and I'm 16 years old. I just finished my sophomore year at Gering High School. In the spring I completed treatment at the Scottsbluff Addiction Center at Regional West.

I first experimented with alcohol when I was about 12 years old in the 6th grade. The reason I drank was for the fun and the excitement. Also, it was the cool thing to do. It started out as just sips and then I drank my first whole beer. After that I would drink on the weekends and only during the summer. I was active in all sports, so I didn't drink during the school year.

In 7th and 8th grade I was really good in track and my time would have taken State in the 100-meter dash, but I was only in junior high. After my 8th grade year I drank all summer and almost every day. After that summer I moved to Gering. Gering was a lot bigger than where I came from. I felt I couldn't go out for sports so I didn't.

When I first moved to Gering I didn't drink because the people I hung out with didn't drink. But I would drink when I went back to visit old friends. Then my friends here got into drinking so I started to drink more often and not too long after that I tried pot. I liked how it made me feel. I didn't have to think and all my problems seemed to disappear. In reality they only got worse. Soon I didn't care about school, my family or anything, especially myself. I got real depressed and suicidal. I had attempted suicide once, and I didn't want to do it again, but it was looking like the only way out for me. Things had gotten too big to handle and I couldn't hide behind the alcohol or drugs any longer.

My friends could tell that there was something wrong so they went to the counselors. It turned into a big mess and I found myself angry at everyone for trying to help. I felt that it was none of their business. I went to my personal counselor and she told me that I had to stop drinking and doing drugs. She told me I was an alcoholic. I had tried to quit before, but I couldn't. My counselor then called the treatment center and checked me into the inpatient treatment for 30 days. I spent my 16th birthday in there. It was probably the best birthday I ever had.

I was in treatment for 30 days and I saw some of my friends on Sundays. At first I hated it, you couldn't go anywhere. I felt trapped, but the people there were great. I made some friends for life. After talking to people in treatment I decided to give it all I could. I learned so much there. They gave me the tools, now I just have to use them.

My recovery program today is to go to lots of AA meetings. I meet with my sponsor every Monday night for 3 hours. A sponsor

is an outside person with whom you can share all of your thoughts and feelings with. They never judge you, no matter what you do, say, wear or anything. A sponsor is a best friend. Also, I go to aftercare which is a hospital on Thursday nights. We just watch videos and have group therapy to talk about our week. Other things I do for my recovery is to stay away from places that might cause me to slip, like parties or certain people. I do things like going to the park and the movies.

As far as drug abuse prevention, I feel that they don't do enough. They could hold drug-free dances or activities. Most of the time kids drink or do drugs because there is nothing better to do for fun. The drug-free programs need to be more pumped, more exciting, they need to really grab people to get them into it.

Some of the problems I ran into after treatment was realizing that no one else had changed except me. All my drinking friends still drink. I had to get away from it. It was hard to tell some of your friends if they were going partying, then just leave me at home. I don't think it will ever be easy for me or anyone. The drug problem is only getting bigger. I hope that something can be done before everyone ends up killed or killing themselves.

I would like to thank the Chairman for the opportunity to speak. It is good for me to do things like this, it helps me to stay sober. Thank you.

Chairman OWENS. Thank you.

[The prepared statement of Desshia Ferguson follows:]

STATEMENT OF DESSHIA FERGUSON, STUDENT

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I would like to thank the Chairman for the opportunity to speak. It is good for me to do things like this, it helps me to stay sober. Thank you.

Chairman OWENS. Mr. Bartlett—Barrett.

Mr. BARRETT. Thank you, Mr. Chairman.

Chairman OWENS. Mr. Bartlett used to be the ranking member on this committee.

Mr. BARRETT. Again, I think we have some excellent testimony from this particular panel. I guess a quick question of Mr. Barlow. I appreciated your testimony very much. Tom, I have a GAO report here which provides some information on rural areas, and the report did identify some features of rural areas which they felt had to be taken into account if law enforcement, treatment and education programs were to be more effective. Among other things, it says that: Rural police must handle the full range of law enforcement problems, rural teachers must perform a wide variety of the educational services, and rural health care workers must provide a broad array of health services. It is, therefore, difficult for individuals in these jobs, no matter how dedicated to develop expertise in, or to devote much time to drug issues. I had a little problem with that. Can you embellish that just a bit or give me a personal opinion from your experience?

Mr. BARLOW. Yes, I can do both if you'd like. I would agree with the statement. Coming from rural America, knowing rural America, rural Nebraska in particular and many other States by this time in my professional career. What happens is that—actually something real pointed comes to mind. Just this morning, sitting at breakfast, I shared the table with Karen Johnson. I hope that's her name. Anyway, she was sitting at the breakfast table with me this morning and she's going to teach a classroom outside of Chadron this fall. She's just finishing her degree or a certification in special education endorsement and she's going to be teaching a number of students. I've forgotten the exact number, it wasn't very high, but the issue for her was that she was going to have to teach that number of students and teach multi-grade levels like grades, 4, 5, 6, 7 and 8 or something. What happens is that those people like Karen and many, many others like her have so many multiple duties, many hats to wear that they have to become generalists and it's difficult for them to become specialists in anything because they have to attend to the waterfront. We see that in urban as well

as in rural, but I think it's even more predominant in rural. I don't know if that helps a lot. Does that help you?

Mr. BARRETT. Some. Is that why schools become involved in the consortia process? Is that a part of it or not or am I really totally off base?

Mr. BARLOW. I think that would help. What it really boils down to is a shortage of person power.

Mr. BARRETT. And the issues are too complex, the people are too few?

Mr. BARLOW. Exactly. And so I think what we have to do is maximize the capacity that we do have. Find those people who are willing to spend their Saturdays like you all, doing, going that extra step and giving them the kinds of support, not necessarily making them experts, but giving them the real life experiences that would allow them to do what has to be done and which, quite frankly, probably isn't going to done by anyone else locally.

Mr. BARRETT. Okay. That helps a bit, I think.

Mr. Twiss, I was particularly interested in your testimony. Through the miracle of redistricting, my congressional district added four counties this year or last year. And one of those counties is Knox County which, of course, is the home of the Santee Sioux Reservation and I had never been there, but I spent Saturday 2 weeks ago all day on the reservation and I was quite interested in some of the things that I found. I was appalled at some of the things that I saw and heard. And as a matter of fact even the GAO report that I just referred to speaks also to the Indian programs. It says that 95 percent of all American Indians are affected either directly or indirectly by the use of alcohol.

I was also told that the number one problem in the eyes of some there was teenage pregnancy which is perhaps a function of the use of alcohol. Who knows? I'm not sure we have any statistics in that regard. The average age for alcohol consumption is now 11, according to BIA and the Office of Indian Education Programs, et cetera, et cetera. You mentioned specifically additional money. You also mentioned a formal education program to train minorities to become counselors which I thought was an interesting suggestion—very, very interesting. You also said that there's no public assistance available and I guess that's where I'm going with my question. Is there Federal money available to the reservations for drug education and counseling? Some, and perhaps you're not the person to ask, but there is some Federal money available; isn't there?

Mr. TWISS. Yes.

Mr. BARRETT. Yeah?

Mr. TWISS. And different kinds of programs. There's—you know, the reservations are basically fed by Federal moneys. But it's always a limited type of money. There's very few support educational programs that really make a difference. The moneys are very small. For instance, the Title IV Indian Education is based on—I think it's $113 per student which is better than we have in the Drug-Free Schools Act. But it has so many limitations, you know, that when it's filtered down to the students themselves there's few dollars—very few dollars—and other programs like that.

Mr. BARRETT. With the number of Indians that are affected by alcohol abuse, would a large number—if not all of these people—come from parents who are affected, also, by alcohol?

Mr. TWISS. Yes.

Mr. BARRETT. Well, very interesting and I appreciated your testimony.

Mr. TWISS. Thank you.

Mr. BARRETT. And I guess I'll leave it right there for the moment.

Ms. Jolliffe, I just had a question about interaction. Do the schools have interaction with treatment centers in your area?

Ms. JOLLIFFE. The schools that have developed student assistance programs have a very strong line of interaction with the treatment centers. Some schools have developed their own lines of communication with the treatment centers and we—our agency acts as a referral resource and we can link them up with those treatment centers if they, you know, can't find someone. But we're a small region and we tend to talk amongst ourselves really well and share that information.

Mr. BARRETT. Do the drug treatment centers do a lot of outreach with the schools during the year, particularly with regard to training of staff and that sort of thing?

Ms. JOLLIFFE. That is just beginning to happen. That awareness that they need to develop that link.

Mr. BARRETT. Thank you.

Desshia, I appreciate your comments very much. We talked a little in the hallway out there and I appreciate the courage for you to come and share with the committee.

Ms. FERGUSON. Thank you.

Mr. BARRETT. That was very good of you. It was good testimony, very good testimony. You said that you started in the 6th grade. Did you go to any kind of a drug prevention program prior to your beginning the use of alcohol? Was there anything available to you at that time?

Ms. FERGUSON. No.

Mr. BARRETT. No.

Ms. FERGUSON. I went to a smaller school and it was K through 12 and so we were mixed in with the high school and I always hung out with older kids, so I mean, it would have been like my—between 6th and 7th grade. So 7th grade I was moving in with the high school, so I started hanging out with older kids and that's when I started to drink.

Mr. BARRETT. From your testimony it occurred to me that the treatment program was very good. That after 30 days you were clean; is that basically right?

Ms. FERGUSON. Yes.

Mr. BARRETT. Is it fair to ask you to identify that particular treatment center?

Ms. FERGUSON. It was in Scottsbluff.

Mr. BARRETT. In Scottsbluff?

Ms. FERGUSON. Yes.

Mr. BARRETT. Okay. Thank you very much. Do you—I guess a final question—do you now try to counsel with any of your peers?

Do you talk to any of the students that you go to school with about drug and alcohol abuse?

Ms. FERGUSON. Just a little. I try not to preach to them, I guess, because it just scares them off. I've had a couple of friends attend AA meetings with me and stuff like that. But it's confusing to them that I could just go to treatment and then all of a sudden supposedly be cured. I'm not really cured, I'm just learning to deal with it.

Mr. BARRETT. Yes.

Ms. FERGUSON. So I really don't preach to them too much. I just sit back and let them do what they do.

Mr. BARRETT. I appreciate that. And again, I appreciate your courage and I appreciate the testimony of all of you.

Thank you. Thank you, Mr. Chairman.

Chairman OWENS. Thank you.

Desshia, I wish also that your testimony could be somehow shared with more young people throughout the country. I hope you are affiliated with one of the drug abuse prevention programs here on a regular basis and able to give them some first-hand advice. I find your statement here very challenging. As far as drug abuse prevention I feel that they don't do enough. They could hold drug-free dances and activities. Most of the times kids drink and do drugs because there's nothing better to do for fun. The drug-free programs need to be more pumped, more exciting, they need to really grab people and get them into it. Is that a statement that should be directed at the drug-free prevention programs? Or are you really directing that statement at society, the schools, the programs for young people, the church, other people? It's kind of unfair to expect the drug-free programs—your testimony speaks about the value system that's set for young people via the activities that your peers engage in and you are really trying to say something I think is more than just drug-free prevention programs.

Ms. FERGUSON. Yeah, more or less I'm trying to say that there's really nothing to do. I don't know how to explain this. As far as drugs and alcohol, that's like the reason you do it is because there's nothing else to do and it's fun and—I don't know, there just needs to—any other kind of activities would be nice.

Chairman OWENS. How do you react to adults who assume or tell you that you live in a very exciting world, maybe an over-stimulated world? You have TV, film, you have a whole lot of things, MTV——

Ms. FERGUSON. I know, but——

Chairman OWENS. [continuing] those things are not pumped up and exciting enough?

Ms. FERGUSON. No. I think that's another thing. People think that, oh, there's so much to do, you can go to the movies, or go do this, or go do that, but it's just not. I don't know, there just needs to be something to do. Well, during the day, there's no problem. It's just when it gets to nighttime that we run out of things to do. I mean, I don't know, you get tired of watching TV.

Chairman OWENS. You also said that, "I don't think it will ever be easy for me or anyone. The drug problem is only getting bigger." Do you think that it's worse now than it was a couple years ago?

Ms. FERGUSON. It's easier to get marijuana than it is to buy cigarettes. In some places you can just walk in and buy cigarettes, but it's a lot easier to get drugs even more so than alcohol or anything anymore. It's so easy that you can—on Friday night I could take one main and have all the marijuana I want for the night or the next night. It just takes one stop at somebody's house and you have all you want.

Chairman OWENS. It's easier to get marijuana than to get cigarettes?

Ms. FERGUSON. Yeah.

Chairman OWENS. In this rural community?

Ms. FERGUSON. Yeah.

Chairman OWENS. Thank you very much.

I wondered, Mr. Barlow, if you could tell us a little bit more about the cooperation of sharing of data about effective programs among the regional centers? Is there much cooperation and sharing of data?

Mr. BARLOW. Yes, there is. There's an awful lot of collaboration. The North Central Regional Educational Laboratory actually houses the contract for the midwest regional center. However, the North Central Regional Educational Laboratory—you have to get all those syllables out—doesn't provide service to Nebraska, South Dakota, North Dakota nor Missouri. These States collaborated with McREL, the Mid-Continent Regional Educational Laboratory in Denver so that between the sister laboratories they could provide extensive comprehensive services to all of the 10 States served by the regional center. At the time that this sisterly arrangement was being worked out, great collaboration came from the regional center in Portland, which had been mentioned earlier, and the western prevention resource center and various other agencies.

Regional centers and laboratories across the country have been especially helpful. One of my major concerns is violence, and its relationship to alcohol, tobacco and other drug related issues. But recently the Southeast Regional Laboratory has just produced a monograph on the explosion of violence in schools. And I thought from——

Chairman OWENS. Which laboratory?

Mr. BARLOW. SERV.

Chairman OWENS. Southeast?

Mr. BARLOW. And I thought from the little blurb I read about it, that it was going to be a terrific piece for us that was pretty seminal in distilling the research. So I called my counterpart down there and sort of begged and whined enough to the point where they said, "Stop begging and whining, we'll just send you all that you want." And I said, "Great, I'll take 200." When I got the 200, I quickly mailed them out to people across the States. That kind of collaboration is much the norm than people realize. Maybe this has historically been the case. But it's real rewarding to see.

Chairman OWENS. You recommend a leader support program whereby we provide special grants for teachers to take training?

Mr. BARLOW. Yes.

Chairman OWENS. Do you want to elaborate on that a little bit? Should that be mandated or set aside or what? How would you do that?

Mr. BARLOW. No, I wouldn't mandate it. I think our Wyoming friends came across too clear about mandates I wouldn't mandate it. It might be a priority item which is a soft mandate. It's not a mandate at all. It's just priority statement. I think it also addresses the issue that Congressman Barrett brings up and that is, in rural communities where people wear multiple hats and have multiple job functions, how on earth do you free them in order to provide the kinds of—either experiences or formal training that will allow them really to be effective in our efforts. Part of the problem is a shortage of person power. Another part of the problem is lack of professionals in schools, even if you had money there aren't substitutes available.

I mentioned that I'm going to St. Louis on Monday. In the past year I have spent an inordinate amount of weekends in St. Louis. I have to spend weekends doing training that starts 6 o'clock on Friday and ends along about 6 o'clock on Sunday night because they don't have enough substitutes in the system to free up the teachers so that I can go on Tuesday and Wednesday. That is what that recommendation addresses. It's exacerbated in rural communities because even if you have the money, you may not have the people with the degree(s) necessary to be able to teach and release teachers as substitutes would.

So there's not an easy answer there, but that's what is intended. Providing additional funds to allow for—actually, I'd like Maurice's notion of advanced training and especially of people—the underserved people. I was going to say minorities, but it's more than minorities. There are lots of underserved populations around the world. That recommendation would, perhaps, provide advanced training, by giving us a greater surplus pool of people to draw from in terms of substitutes. So that when it comes time for the rest of the program to become actualized in offering training we would have people there to maintain the business of schools at the same time that other people are away from schools getting their training.

I think that was a long answer, but if that made sense, that was the heart of my intention.

Chairman OWENS. I think, Mr. Twiss, you've said two things. You've said college training programs need updating. You implied that all college training programs are inadequate and they need to be updated; am I correct?

Mr. TWISS. Yes. Yes, they do.

Chairman OWENS. So everybody who has been trained needs to go back for training because they didn't deal with this problem very well in the training process?

Mr. TWISS. Yes.

Chairman OWENS. You also said there's a need for training of indigenous people, the people who live in the area so that they can be participants in the implementation of the program. Do you want to elaborate on that in terms of the paraprofessional training? Do you have a program now already which trains paraprofessionals?

Mr. TWISS. We have the training that's offered like Mr. Barlow's—the McREL training and the parent training, et cetera. The problem being, we do not have enough skills with many of the parents. We realize they dropped out of school, which is about 87 percent of the people. There aren't very many people that are grad-

uates of high schools without a lot of formal training. We need people to go to college and get formal training to come back and implement the programs inclusive of these other training we talked about. But we need like mastered people with keys to open doors in school systems.

Chairman OWENS. You're not talking about training paraprofessionals, you're talking about training people and taking them through a whole college program?

Mr. TWISS. Yeah.

Chairman OWENS. New professionals?

Mr. TWISS. New professionals, yes. As well as paraprofessionals. I'm totally for training of every level of parents and peoples. But very specifically the formal training would take them clear to a master's level, yes.

Chairman OWENS. Would a paraprofessional program be feasible in terms of helping to get them started in terms of the payment of some kind of salary——

Mr. TWISS. Yes.

Chairman OWENS. [continuing] incentives which would induce them to go on for more education?

Mr. TWISS. It certainly would. It certainly would, yes.

Chairman OWENS. You mentioned the inhalant problem as just out of control and escalating. Any State actions—any actions of any law enforcement level dealing with inhalants? Is that possible, do you think?

Mr. TWISS. Well, I don't know what the other people's feelings are, but I think it's been left out more than any of the other problems of the drug and alcohol usage things. I think we have fewer studies about inhalants or maybe fewer resources to deal with the problem. It's probably one of the larger problems on our reservation.

Chairman OWENS. I think some time ago the glue used to put together model airplanes, there were Federal prescriptions on that material. Is that the kind of thing that you think would be very effective in any other——

Mr. TWISS. Yes.

Chairman OWENS. [continuing] if gasoline is being used, that's why it's straight—you can't put any kind of—you can't curtail the use of gasoline.

Mr. TWISS. A lot of spray cans.

Chairman OWENS. The primary approach then should be to educate young people about the possibilities of brain damage and what that means? And we're not really into that much either, I take it?

Mr. TWISS. Yes. Nor parent training. We need more parent training with inhalants as well.

Chairman OWENS. No national posters or leaflets and material developed on inhalants and the kind of damage they can do? At this point they don't exist?

Mr. BARLOW. May I add something, Mr. Chairman?

Chairman OWENS. Yes.

Mr. BARLOW. There is a newly formed—yes, you are right in everything you have said. The research and the problem is just emergir . The National Center for Inhalant Abuse has just been

established in Denver, Colorado. And so I would imagine that we could anticipate a great deal of sort of a media——

Chairman OWENS. The National Center for Inhalant Abuse?

Mr. BARLOW. Yes. Just established in Denver. Which I thought was funny because I've been running around the countryside looking for it in DC and New York and there it was, almost outside my back door, but it's just emerging.

Ms. JOLLIFFE. Mr. Chairman, it's an NIDA grant that has funded that program.

Chairman OWENS. Could you use the microphone.

Ms. JOLLIFFE. The National Inhalant Abuse Center is a NIDA grant and they are just beginning to really share their work and their executive director was here in our region last year and did a workshop for our law enforcement people and they do have—they are starting to develop materials like pamphlets and resources and treatment regimens and things that work. But it's very limited. And what we're seeing is, yes, it's an entry level drug, but it's really focusing on the very young children who don't always think very carefully about what they're doing. So, you know, precautions about danger don't always—they don't always think about cause and effect when they start to use these substances and the damage can be so great with just one use when death can occur as has happened in Denver with a young man who was using a fire extinguisher.

Chairman OWENS. Ms. Jolliffe, how would you respond to Desshia's statement? The essence of what she's saying is that society is just not making life very pleasant or enjoyable for youth and they turn to these extreme stimulants as a result. Do you think that the Drug-Free Schools Program has had any impact on those other elements of society like the overall school curriculum, the overall school activity program, the community activities, church program, et cetera? Has the fact that these programs are pinpointing a problem gotten through to anybody in terms of changing the way youth are treated or the way facilities and programs are made available for youth?

Ms. JOLLIFFE. The program has been active long enough that we are starting to see those things occur. But it has taken some time. You don't change behaviors overnight. We are incredibly lucky that we're working with a group that's open and that we can access, too, with the young people. Our biggest problem is working with the adults and having them accept their responsibilities as role models or like working with communities where alcohol is a way of life. And so it takes some work and it takes some time and it takes—as Tom discussed—the trust within the communities to open up to looking at questions about our lifestyles and what we need to offer our youth.

Most of our people in our communities want good things for their children and they work towards that and they will be open to listening under certain circumstances and so you have to build on that.

I think Desshia is right in some respects and the research proves out a lot of our youth get into drugs and alcohol because they're bored, because they don't know how to have fun in other ways. They don't know how to reach out. A lot of our youth have—and

the previous panel discussed that—have become so involved with achieving. They've forgotten how to have fun, how to reach out and get back to that part inside themselves that says it's okay to relax, be silly and to do fun things. So that's one of the ways in which we have to work with our communities, to work with our youth to offer them different alternatives and things to do. But that's only part of the picture. We have to work within our communities to establish standards and guidelines, what we want to be acceptable for our children so that it's a safe place for them to grow up and so that they are drug and alcohol free.

Chairman OWENS. Desshia, sometimes the solution to the problem is very close to staring us in the face and it seems to me that in your testimony there was a key point where despite the fact that you started using alcohol at a very early age you had constraints on yourself because you enjoyed sports and you were into sports. Then you moved to another area. You said that you couldn't get into sports or sports was too difficult or were there too many more students? If you had been able to stay in a sports program do you think it would have made a difference?

Ms. FERGUSON. Yeah, I do. That's another thing, when I was into sports I wouldn't drink because sports were important to me and that's one of the rules, if you're in sports you can't drink and stuff. I think that if I would have stayed in sports and stuff that it would help me a lot. I don't think I would have drank or got into that.

Chairman OWENS. We're into a situation where across the country many school systems are similar to the school system in New York. Under the pressure of budget cuts they have cut all of the activities for students. They don't fund the drama groups anymore. They don't fund the art programs. They don't fund the athletic programs. You know, all of that is considered luxury, frills, it's cut out. I'm not going to ask you to comment on this, but I think that what you are saying should be understood in terms of what is a luxury and what is a necessity. It goes back to some earlier testimony about motivation, self-esteem, and you did something which gave you a great deal of satisfaction. And it was very much an important part of developing your whole self and when that was taken away it did create a greater risk and you drifted into the alcoholic behavior to a greater degree than before.

So I think your testimony, again, is important in so many ways and I hope that adults will listen. If adults were listening they would not be cutting these programs in the schools across the board. I think if they would listen to the students attending school they wouldn't cut drama programs, they wouldn't cut band programs, they wouldn't cut a number of activities. We have these ideas that we know—you know, science and math and what are our goals, geography? And we've decided what young people must learn and must know and it is a situation which, I think, creates an atmosphere which is very discouraging. We have these programs and we have national attention. There's more talk about drug prevention now than ever before and yet the problem is getting worse, and you know, these programs are on the firing line.

I want to thank you very much for your testimony and all of the people who testified today. As I said before, the point of view that comes to us from this setting is fresh and a lot of things you've said

will be quite useful as we go forward to reauthorize this very important piece of legislation. We think it's important and your testimony will help us to convince our colleagues that it's important. There are many problems that you have highlighted which I think we can deal with a little better as a result of your testimony.

Ms. Jolliffe, you said we need to eliminate a lot of the record-keeping and I'm all for doing that. Maybe you can send us something that specifically talks about some of the kinds of things that could be eliminated. Before we heard testimony about a form that's like an IRS audit, the Drug-Free Schools Recognition Awards application, it's like an IRS audit. We certainly would not like the personnel—the very limited personnel that the program provides—to spend an inordinate amount of time on paperwork. As we reshape the bill we would like to do something to help eliminate the burden of that kind of bureaucracy.

Thank you again, and if Mr. Barrett has no further comment——

Mr. BARRETT. No further comments, Mr. Chairman. Thank you again for coming.

Chairman OWENS. The subcommittee hearing is now adjourned.

[Whereupon, at 11:47 a.m., the hearing was adjourned.]

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ISBN 0-16-044278-8

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